See instructions on back of certificate.

TION is very important.

V. S. No. 1

STATE OF M

IARYLAND—CERTIFICATI	E OF DEATH
----------------------	------------

12808

1. PLACE OF DE	EATH		-	45 . /
CountyCar	roll			Registration Dist. No. 74
Village or City	Sykesvi	lle		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence	In city or town where o	death occurred 1	if@rsmos	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME.	Beverley	B. Ben	nett	If U. S. Veteran, specify WAR
(a) Residence: Ni	Sykesv	ille (Usualplace	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	olor or race hite	5. SINGLE, MAR OR DIVORCE Single	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Month) (Month)
5a. If married, widowed, or HUSBAND of	divorced			(nonin) (buj) (loai)
(or) WIFE of				22. HEREBY CERTIFY, That I attanded deceased from 1934, to Dec 7, 1937.
6. DATE OF BIRTH (month	, day, and year) De	c.17.18	71	Hast sew him alive on Nov 3 6 , 19.37; daeth is said
7. AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, et 7.45 P.m.
65	11	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were estellows:
8. Trade, profession, of kind of work do SAWYER, BDOK	pr perticular ona, as SPINNER, KEEPER, etc	armer		Ke stal hemer hage 12/1/57
kind of work of SAWYER, BDOK 9. Industry or busine: work was done, SAW MILL, BAY	ss in which as SILK MILL,			Carcinona of Rectum 1938
() I IO Date decased last		11. Total i spe	ima (years) entin this upetion bife	7
12. BIRTHPLACE (city or to (Stata or country)	wn)Maryl	and		Other Contributory Causes of Importance:
13. NAME John	W. Benne	tt		
14. BIRTHPLACE (city of (Stata or country)	or town)y) Marylai	nd	~	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME S				23. If deeth was dua to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city o				Accident, suicide, or homicide?
17. INFORMANT C. L. (Addrass) Syk	Bennett esville	Md.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, O	R REMDVAL		30 00	Manner of Injury
Springfield	Cem.	Date De c	10 19 37	Nature of injury
19. UNDERTAKER	ee 48	on U	hu,	24. Was disease or Injury In any way related to occupation of daceased?
20. FILED Dee 8	, 19.37 B	Harry		If so, specify (Signed) ROSSON M. D.
			Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis n t L L I V L D	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-OCCUPA-1. PLACE OF DEATH plnods of County Village or City Jo Length of residence in city or town where death occurred Every statement PHYSICIAN 2. FULL NAME CECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the wor PERMANENT CTL FOR BINDING classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of × H 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months stated 10 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION MARGIN RESERVED of SAWYER, BODKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... pluods back it may 10. Date deceased last worked at 11. Total time (years) spent in this instructions on this occupetion (month and that occupation _____ 60 08 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) carefully MOTHER 15. MAIDEN NAME important. CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) should be 17. INFORMANT very (Address) 18. BURIAL, CREMATION, DR REMOVAL VRITE 12 ation eraty Date LION 19. UNDERTAKER S. No. (Address)

(191) Registr	ation Dist. No. 82
NDND ND ND ND ND In a hospital or institution, give its l	NAME instead of street and number)
ds. How long in U.S. if of foreign birt	.h?mos
w.	
St., Ward.	
The state of the s	esident give city or town and State
MEDICAL CERTIFIC	ATE OF DEATH
21. DATE OF DEATH	4
(Month)	(Day) , 193 (Year)
	TIFY That I attended deceased from
January 1930,1	2 27
Plast saw h_us_ alive on_ elle	3 ,, 19 ; death is s
to have occurred on the date stated above, at .	
The PRINCIPAL CAUSE OF DEATH and relate were as follows:	d causes of importance
	2
de myscardetes	
Chronie naphritia. Cu	v4 FR
Duration & several yes	
Other Contributory Causes of importance:	
Thefer levers	1934
Oln. Ulumia	1936
Cardiae asthon	1937
Name of operation?	
What test confirmed diagnosis?	Was there an autopsy? 2
23. If death was due to external causes (VIDLE)	
Accident, suicide, or homicide?	
Where did injury occur?	July, 17
(Specify	city or town, county and State)
Specify whether Injury occurred in INDUSTRY,	IN HUME, OF IN PUBLIC PLACE,
Manage of Latino	******************************
Manner of Injury	
Nature of injury	
24. Was disease or injury In eny way related to	occupation of deceased?
If so, specify	4
(Signed) Juleulus	M. M.

If more blanks are needed, address State Regi

Registra

If LESS th

or____min.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 0 1953	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Section Confession of Confession			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH			23	
County Carrall			Registration Dist. No.	74
Village Dr City Legal Res	7		death occurred in a horpital or institution, give its NAME instead of street. ds. How long is U.S. If of foreign birth?yrs	
0-1		S.	1.0	
(a) Residence: No. 576	Muiser (Usual place	of abode)	Ward. Wallen give city or town	MU and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Detector (Day)	, 193. 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	on) De	redel	1 HEREBY CERTIFY, That i ette	ended deceesed from
6. DATE OF BIRTH (month, day, and year)	entern.	1851		37; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Dats of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	un	ue .	Tuder Juliano of	Muka
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			the Lungs	
1D. Oate deceased lest worked et this occupation (month and year)	sper	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) (State or country)	Larylan	e- H	Dther Contributory Causes of importance:	
13. NAME W. 4.	& fear			
14. BIRTHPLACE (city or town)	luchans	-con	Name of operation Date	of
(State or country)	cary las	<u></u>	What test confirmed diagnosis? Was there	e an au'opsy? Tuo
15. MAIDEN NAME	Vekges		23. If deeth was due to external ceuses (VIOLENCE) fill in also the foil	lowing:
16. BIRTHPLACE (city or town) (Stete or country)	Maril	and	Accident, suicide, or homicide? Oate of injury Where did injury occur?	
17. INFORMANT Vanghela (Address) Luke	e ter	med	(Specify city or town, county an Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR BEHOVAL Place Lauden Fark	emanate Dicc	28,19.37	Manner of injury	
19. UNDERTAKER Um Liek (Address) Napile *	ne + Se	24	24. Was disease or injury in any way related to occupation of deceased if so, specify	d?
20. FILED Des 26, 19 37 C	Harry	Hegistrar.	(Signed) Mand M Cees (Address) Ly Klaville	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1930	July 5,1927	Peritonitis	3 days ago
TOREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

	County Carroll	Registration Dist. No.	
	Village or City New Hundson, M. (II Length of residence In city or town where deeth occurred 4 yrs. mos	1 A No. St., f death occurred in a horpital or institution, give its NAME instead of street and num	Ward
12	. FULL NAME Margaret ann Cro	sds. How long In U.S. If of foreign birth? yrs. mos	ds
micros	(a) Residence: No. Many Lynnel per, Ma (Usual place of abode)	St., Ward. If nonresident give city or town and State	te
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.8	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Occ. (6 or 19) (Month) (Day)	93. Z
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of William Craths.	22. HEREBY CERTIFY, That I ettended dece	eased from
	DATE OF BIRTH (month, day, end yeer) March 24, 1854 AGE Years Months Devs If IESS than	I lest saw h. A.: alive on	, 1937 eath is spic
1. 1	AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to heve occurred on the dete steted ebove, at / (2.070) m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
TION	8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Leveroly arteris,	ate of onset
CCUPAT	9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	Fronchs - Freeman 3	POJEL
00	10. Dete deceased lest worked at this occupation (month end year) toccupation		77/
12.	BIRTHPLACE (city or town) Carroll Co (State or country) Rd	Other Contributory Causes of Importance:	
HER	13. NAME Henry Crafts.		
FAT	14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of What test confirmed diagnosis? Wes there are utop	new? H
THER	15. MAIDEN NAME Elizabeth Hiddle	23. If deeth wes due to externel causes (VIOLENCE) fill In elso the following:	
MOT	16. BIRTHPLACE (city or town) (State or country) Md,	Accident, suicide, or homicide? Dete of Injury Where did injury occur? (Specify city or town, county and State)	., 19
	(Address) Mx. any Md.	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	Plece Betauny Cemby Date Dec. 18, 1927	Manner of Injury	~~~~
19.	UNDERTAKER 6.M. Walts (Address) Was field mil	24. Wes disease or injury in any way releted to occupation of deceased?	W
	andless of 27 Essen & B. Just	If so, specify (Signed) As . The second seco	OME

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Ward

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MM 5 1939	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state KECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AUSE OF DEATH in plain terms, so that it may be ation should be carefully supplied. TION is very important.

V. S. No. 1

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	MARTERIE	CERTIFICATE OF BEATTI
2. 00		1070
County Danie G		Registration Dist. No.
Village or City pipley	(1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where daat		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & inmith .	To foria	all U. S. Veteran, specify WAR
(a) Residence: No.	ing war. G. J. No.	St., Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Control Contr
5a. If marriad, widowad, or divorcad HUSBAND of	0	
(or) WIFE of		22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yaer)	an. 7 - 6931	i last saw h in aliva on Dec 15 , 1937; death is said
7. AGE Yaars Months	Oays If LESS than	to have occurred on the date stated above, at Zies Pm.
- 11	9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	rom	Granche Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.4ndustry or business in which work was done, as Stl.K MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this eccuration (month and		The brancho forewomonia evas primary
SAW MILL, BANK, etc	11. Total time (yeers)	Cw&R.
this occupation (month end year)	spant in this	
		Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stata or country)		
	hinoin	
Ŧ COCOCC	ngger	
14. BIRTHPLACE (city or town)		Name of operation Oate of
	-124	What test confirmed diagnosis? They was there an autopsy?
I TO THE TOTAL OF	is ying	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	1.	Accident, suicida, or homicide?
8		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT O CONTROL OF CANADA CAN	ugger	Specify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDYAL	am · /	Menner of injury
Place Warfuldsturg D	Date 8 86. 18.1937	Natura of injury
XIB h 1	Lamai	24. Was disease or injury in any way related to occupetion of deceased?
19. UNOERTAKER A Jameara. (Address) Westminker	8 mole	16/30, spacify
1/10 30 71	lieson	(Signad) W. There beak her M.D.
20, FILED / 19.5	4	

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Registrar.

(Address)

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	Example I	1	Example II	
of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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	BUREAU V.	1 1		
Other contributory can	ises of importance:		Other contributory causes of importance:	10 11
Gallstones		May 1,1923	Gastroenteritis	1 year
				M

Exact statement of OCCUPA-

mition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
1. PLACE OF DEATH	92-0		116

1	. PLACE OF DEAT	H			(92-7)	
	County Carry	ll			Registration Dist. No.	4
	Village or City Length of residence in city		7	P yrs 2 mos	death occurred in a horpital or institution, give its NAME instead of street and media. T.ds. How long in U.S. if of foreign birth?	Ward (wmber)
2	FULL NAME	Pakous	. De	Mas	e	
	(a) Residence: No/	8-11	(Usual place	Stoad of abode)	Ward. Rathereste M	Cd State
	PERSONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR	OR RACE	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
5a.	If married, widowed, or divorce HUSBAND of (or) WIFE of		/	<i>y</i>	22. 1 HEREBYCERTLEY, That I attended of	1000
6.]	DATE OF BIRTH (month, day,	and year) lu		1858.	I last saw here alive on Dac 5 th 1994	; death is said
	AGE Years 79	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	I Data da la la
TION	8. Trade, profession, or par kind of work done, a: SAWYER, BOOKKEEP	ticular s SPINNER, ER, etc	us	ree	Chrisia Endraged	Date of onset
OCCUPAT	9. Industry or business in work was done, as SI SAW MILL, BANK, etc.					
00	10. Date deceased last work this occupation (mont year)	ed at	11. Total tip spen occu	me (years) tin this pation		
12.	BIRTHPLACE (city or town) _: (State or country)	lefep	sex 7 a	rlla	Other Contributory Causes of importance:	*******
IER	13. NAME Joleco	Del	Mass		Terretal Atlesioceletorio	1929
FATH	14. BIRTHPLACE (city or tow (State or country)	n) le	ukua.	ead	Name of operation	71
ER	15. MAIDEN NAMERACE	of Rede	cech N	exect	What test confirmed diagnosis?	
MOTH	16. BIRTHPLACE (city or tow (State or country)	101	cekus	es e	Accident, suicide, or homicide? Date of Injury	
17.	INFORMANT Na Pher (Address)	Tal	Recor	de	Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION OR RE	MOVAL Pass	Date Occ	8 ,1937	Manner of injury	
19.	UNDERTAKER HOLES	uff to	Sitzke	,	24. Was disease or injury In any way related to occupation of deceased?	
20.	FILED & L. 6 , 19	37 C	Harry	Well Registrar.	(Signed) Illaud M. Cels. (Address) Ly Rescielle M.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		DEC 13 1932	
		1.3 [33]	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
						10.00

V. S. No. 1

OCCI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GUREAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	12815
1. PLACE OF DEATH	93:0)	
County Carasel	Registration Dist. No. 83	
Village or City In Syrasida	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and n ds. How long In U.S. if of foreign birth?yrsmo	
(a) Residence: No. Mg a Day Cost abode)	St., Ward. If nonresident give city or town and its properties.	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193.
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Learner St. Dansey	22. I HEREBY CERTIFY. That I attended of	deceased from
6. OATE OF BIRTH (month, day, end yeer) See 25 1859	I last saw h alive on Dec 6 , 1937	; death is said
7. AGE Yaers Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et 2:43.6m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
/ ormin.	were es follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Museum muneralis	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oete deceased lest worked et this occupation (month and	Tago savor	
10. Oete deceased lest worked et this occupation (month and yaar)		
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causel of Importance: Chr. Brice Type Trophe attuko	1920
13. NAME John, Retter		
14. BIRTHPLACE (city or town)	Nama of operation Date of	
(State of country)	Whet test confirmed diagnosis? Was there an a	utopsy?_24
15. MAIOEN NAME Sona II agama 16. BIRTHPLACE (city or town) (Steta or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT My B. 4 Dancey (Address) & a dance ma	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ICE.
18. BURIAL, CREMATION, OR REMOVAL Coate Dec 10, 19 37	Manner of Injury	
19. UNDERTAKER Charry Maes (Addrass) Represente Males	24. Was disease or injury In any way related to occupation of deceased?	no
20. FILE DC 8 137 Quam. Hewitt	(Signed) At Laguston	M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13-2)
County Careall	Registration Dist. No.
Village or City Tholandles (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Of Catherine Dura (a) Residence: No. Flourille (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATA 17, 193 7 (Yeer)
HUSBAND of Cor) WIFE of Mays of Mays Husband o	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Sent. 30 1868	I last sew h.e. alive on Dec . 17 , 1987; death is seld
7. AGE Yeers Months Deys If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, and A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupation (month end of this perupation (month end of this p	myo cordial failue
work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decesed last worked at this occupetion (month end 12/17/37) 11. Total time (years) spent in this occupetion	Chimi myo contino
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
II 13. NAME John Holmes	
13. NAME Holmes 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Was there an autopsy? AU
15. MAIDEN NAME Mary Therenson	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Therenson 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mr. Edw. Green (Address) Eyresille rud,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL and Co. Dec. 19, 19 37	Manner of Injury
19. UNDERTAKER New Ton June (Address) Systemille mid.	24. Was disease or injury in any way releted to occupation of deceased? 20
20. FILED Den 17, 19 37 ON any More Registrar.	(Signed) Advant M. D. (Address) Ayblavily

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

V. S. No. 1

INLY,

WRITE

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FIIDTHED STATEMENTS BY DIVELCIAN

ADDITIONAL SI ACE	FOR FURTHER STATES	ENIS BI FIIISICIAN	

1. PLACE OF DEATH County Coursell.	95-D Registration Dist. No. 83
Village or City List, Ind.	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Man tha & Caston	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrie 4.	21. DATE OF DEATH (Month) (Dev) (Yeer)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of Grove Cl. Eastow.	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Fat, 3, 1863 AGE Years Months Deys If LESS than 1 day,hr Ormin.	I last saw h elive on 19 death is sai to have occurred on the date stated ebove, at 1:30 H m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and 18/37) spent in this occupation occupation	Malural Causes (Heart)
2. BIRTHPLACE (city or town) Carroll 6. (State or country) Md.	Other Contributory Causes of Importance:
13. NAME William Thoolc. 14. BIRTHPLACE (city or town) (Stete or country) Md.	Name of operation Date of Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary Peese 16. BIRTHPLACE (city or town) (State or country) 7. INFDRMANT M1: More O East av (Address) (P. 10 West me of the state o	23. If death was due to external causes (VIDLENCE) filt in also the following: Accident, sulcide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Control Date Dec. 11, 193	Manner of injury
9. UNDERTAKER Co. M. Haltz (Appliess) grant seld md.	24. Was disease or injury In any way related to occupation of deceased?
10. FILED XC 8 , 1937 Elica M. Frewell	(Signed) Assa Millett Reg. M. (Address) + 1 Definity as cal Reg.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING tation should be carefully supplied. WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

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22.707 000007 0010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEAU V. S			
	- Indiana de la constante de l		
Other contributory causes of importance:	1-1-11	Other contributory causes of importance:	= 54 = 5
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICEAN
Body Willied by Courses Sullimant. Hanagan
(acting) - Deemed Inquest- un nessary detath
due la natural Causes

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 74
Village or City Sylesinle, Maryland	No. Springfuld State Hospital St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. 29_ds. How long in U.S. If of foralgn birth?yrsmosds.
2. FULL NAME Charlestagan	If U. S. Veteran, specify WAR
(a) Residence: No. 1) Howard Cure, Cartonarilla (Usual place of abode)	Mest., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Complete (Month) (Day) (Year)
5e. If married, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from September 11, 1937, to December 10, 1937
6. DATE OF BIRTH (month, day, and year) Deptember 25-1899	I last saw ham alive on December 10 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 11245 2.m.
38 2 12 1day,hrs	ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onest
SAWYER, BOOKKEEPER, atc.	General Paralysis of the Insane 1936
9. tndustry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9. thdustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month end year)	
12. BIRTHPLACE (city or town) Hollo field House Wounty	Other Contributory Causes of Importance:
The state of the s	
II 13. NAME Eugene Tagan	
13. NAME Eugene Fagan 14. BIRTHPLACE (city or town) Trederick County (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Rose France 16. BIRTHPLACE (city or town) Collings County (State or county)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Collinson County	Accidant, suicide, or homicide? Date of injury
(State or country) Maryland.	Whera did injury occur?
17. INFORMANT Landel Records (Addrass) Strendle mo	(Specify city or town, county and State) Specify whethar Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jord Shepherd Date Dec: 13, 1937	Nature of injury
19. UNDERTAKER 7. C. I. substantion	24. Was disaase or injury in any wey ralated to occupation of decaased?
(Addrass) Clubett City Mil	If so, specify
Description of assault car	(Signed) M. Dirawia Berer M.D.
20, FILED 11, 19.3 Parties Registrar.	(Address) Sukeville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory equese of importance	
	1 year
	Other contributory causes of importance: Gastroenteritis

ADDITIONAL.	SPACE	FOR	RUDTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	STAUL	run	FURINER	STATEMENTS	DI	PHISICIAN

See instructions on back of certificate.

TION is very important.

-WRITE PI

V. S. No. 1

state

1. PL	ACE OF DEA	тн	Mary		erculosis Sanatorium		
	unty Carro				Registration Dist. No. 74		
Vil	lage or City	Henryt	on, Mar		No. (above) St.,		
Ler	ngth of rasidenca in c	city or town where	death occurred_ss		death occurred in a hospital or institution, give its NAME instead of street and the long in U.S. if of foreign birth?yrs		
2. FU	LL NAME	lary Mag	dline I	dields	If U. S. Veteran, specify WARNone		
1				na Ave.T		- 48 61	
			(Usual place	of abode)	If nonresident give city or town as	nd State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,					MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
,		olor	OR DLYORCI	D (write the word)	December 30, (Month) (Day)	, 193 7 (Year)	
HUSB	riad, widowad, or div SAND of			rain luit leu d	22. I HEREBY CERTIFY, That I attende	d deceased from	
(or)	wife of Un	known			Feb. 19, 19 37, to Dec. 30,	, 19.37	
6. DATE O	F BIRTH (month, da	ay, and year) AT	or. 10,	1874			
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data stated above, atll:ln5 A.M	•	
	63	8	20	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset	
8 In	ade, profession, or p kind of work dona SAWYER, BOOKKE	particular , as SPINNER, EPER, etc	Dones	tic	were as follows: Pulmonary tuberculosis		
9. In	dustry or business i work was done, as	SILK MILL.	Unkno	own	· · · · · · · · · · · · · · · · · · ·	June	
D 10.0	SAW MILL, BANK,	etc	11. Total	time (vears)		1936	
02	this occupation (m yaar)	onth and TINKT	lown sp	time (years) ent in this Unkn	wn		
of plans	PLACE (city or town	Lexin	ngton		Othar Contributory Causes of Importanca:	- Same to	
	tate or country)	Virg	nia -		* H	4.	
13. N/	AME Dani	el Field	ls			,	
14. BI	RTHPLACE (city or t (Stata or country)	town)Lex	ington,	Va	Name of operation Dete of What test confirmed diagnosis? Was there are	5.7	
	AIDEN NAME II	ahola A	lexander	in the	23. If death was due to external causes (VIOLENCE) fill in also the following		
16. BI	RTHPLACE (city or	town) Lexi	ngton		Accident, suicide, or homicide?	, 19	
1	(State or country)) 11.6	STIITA		Where dld Injury occur? (Specify city or town, county and S	4-4-1	
	MANT Reub).	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F		
18. BURIA	L, CREMATION, OR	REMOVAL J	Estoro Jan	2 19 38	Manner of injury		
19. UNDER	1-/-	1 - 11 1	grue Ly	right	24. Was diseasa or injury in any way celated to occupation of daceasad?	No	
	ddrass) /2/18	11-11	eny s	1 11	If so, spacify (Signed) Lander Holling	BA	
20. FILED.	12/30/3	79 Whe		Registrar.	(Signed) (Address) Henryton, Md.		

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Example I	il	Example II	
The principal cause of death and related ca of importance were as follows:	auses Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 1939	0		
Other contributory causes of importance:	5.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
III THE THE RESERVE TO THE RESERVE T			
			chile and the bar

back

instructions

OF

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OCCUPA.

statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Sant Registration Dist. No. Length of residence in city or town where death occurred 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wife the word)

(If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?______yrs._____mos.____ds. If nonresident give city or town and State (Day) (Month) 5a. If married, widowed, or divorced HUSBAND of Yo That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and worth to have occurred on the date stated abova, at 150 H m 7. AGE Days If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNES SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ____ year) _____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation..... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Natura of injury_____ 24. Was dicaase or injury in any way related to occupation of daceasad? (Address) If so, spacify (Signed) Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 14N 4 1929	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
VIX.AU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLA

V. S. No. 1

See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12821
1. PLACE OF DEATH	W. W.
County Barrall	Registration Dist. No. 7.0
Village or City Janeer Lun	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 6 1937
5a. If married, widowed, or divorced	(month) (bay) (tear)
(or) WIFE of WM J. Vogle	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) May 29, 1868	last saw her elive on Dec. 6, 193) death is said
6. DATE OF BIRTH (month, day, end year) MOV 27, /868 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at. 5
/ O P O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER Housewife. SAWYER, BOOKKEEPER, etc.	Were as follows: Carcinoma of Sigmaid Date of onset 1936
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this progration (month and this progr	Generalized metastasis
10. Date deceased last worked at this occupation (month and year) spent in this occupation	acute Carline Belitation
12. BIRTHPLACE (Gity or town) WIN	Other Contributory Canses of importance:
(State or country)	1.
13. NAME Jamuel J. Warrer	(* .
13. NAME Samuel J. Warner 14. BIRTHPLACE (city or town) (State or county)	Name of operation Colored Date of Date of Was there an autopsy
15. MAIDEN NAME Jarah To Houch	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jarah to Houck 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT UM Y. Jogle (Address) Jacobs Mucha 2016	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL Plece Nord and Date Delege 9 1937	Manner of injury
19. UNDERTAKER & D. Tues + Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec. 10, 1937 Ethel M. Mehring	(Signed) Mental Market M. D.
For al Registral	(Address)

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	Example I	20.0	Example II	
The principal cause of of importance were as:	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MM 4 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cau	The state of the s		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

34		
A		

V. S. No. 1

		F MAI	RYLAND-	CERTIFICATE OF DEATH 1282	2
	1. PLACE OF DEATH County Carroll			93-0	
		277.	16.3	Registration Dist. No.	
	Village or City Sykesv	111e,	M.C.	ND. Springfield State Hospst, death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	Length of residenca in city or town whare d			26_ds. How long in U.S. if of foralgn birth?yrsmos	ds.
	2. FULL NAME MORRIS	FREEZE	R	If U. S. Veteran, specify WAR.	
	(a) Residence: No. 1815 N.		Wood St.	St., Ward. Baltimore, Md. If nonresident give city or town and State	
	PERSONAL AND STATISTI	CAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4. COLOR OR RACE White	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH December 31, 193 7 (Month) (Qay) (Yes	ar)
5a	. If married, widowad, or divorced -HUSBAND of (or) WIFE of ROS	е		22. I HEREBY CERTIFY, That I attended decaased	from
	DATE OF BIRTH (month, day, and yaar)	av 10.	1882	Dec. 15	
-	AGE Yaars Months	Days	If LESS than	to have occurred on the data stated above, at 7:20a.m.	2 2910
	54 7	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wara as follows:	
z	8. Trade, profassion, or particular			Date of	onset
100	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. Butcher			Epilepsy 19	14
JPA	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc				
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	11. Tota	al tima (years) spent in this Unk.		
12	BIRTHPLACE (city or town) Russ (State or country)			Other Contributory Causes of Importance: General arteriosclerosis with	
ER.	13. NAME Alfred (or Hy	vman)	Freezer	chronic myocarditis prior	
FATHER	14. BIRTHPLACE (city or town) (State or country)	ssia		Name of operation	=⊕.
ER		velv			MO.
MOTHER	16. BIRTHPLACE (city or town)	ssia		23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida?, 19, 19	
17	INFORMANT Springfield Ho		ecords	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REM VAL.	Med 1	- 2- ,, 37	Manner of injury	
19	UNDERTAKER AS A CANADA	ing l	ne Dt.	24. Was disease or injury in any way related to occupation of decaased?	•
20	FILED SAC. 31, 1937 CA	Lany	Heev Registrar.	(Signed) Harry F. Baer, (Address) Systewille, Md	, M. O.
-					

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Example I	91	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		m del		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
South Harman Area of the Harman Area	1 3		G-12 - 14 - 17	

8

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12823
1. PLACE OF DEATH	1 00 1	94-6
County Systemalle,	Carroll 6	Registration Dist. No. 74
Village or City Byses		No. St., Ward
Length of rasidonce in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Robert	1/ 00-	1
0000	John Strnam	
(a) Residence: No. Thulads	(Disual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH /2 27 ,1937
Sa. If marriad, widowad, or divorced	· · · · · · · · · · · · · · · · · · ·	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	anderpool	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	4-54 1886	I last saw harmalive on 127, 19.37; death is said
7. AGE Yaars Months	Days tf LESS than	to have occurred on the data stated above, at
5/ 5	22 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada, profession, or particular kind of work dona, as SPtNNER, SAWYER, BDDKKEEPER, etc	. 1	J. Davison
SAWYER, BDDKKEEPER, etc	Misman	Juniary Thrombion
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Self.	
ID. Data decaased tast worked at this occupation (month and	Il Total time (years) spent in this	
year)	occupation	
12. BIRTHPLACE (city or town) Bali	import	Other Coutributory Causes of Importance:
(State or country)	d	
13. NAME Care. J. Ge	mand	
13. NAME Law. J. 91 14. BIRTHPLACE (city or town)	7 7	Name ol operation
(Stata of country)	aryland	What test confirmed diagnosis?
15. MAIDEN NAME Sally Jo	wry	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Sallis To	7/07	Accident, suicide, or homtetde? Date of injury, 19
(State or country)	aryland	Where did injury occur? (Specify city or town, county and State)
(Address) Superville	Horrie	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Q /- /	Manner of Injury
Place St. Johns, Wavely D	ate De1 = 29/37, 19	Nature of Injury
19. UNDERTAKER Stewart Thou	um Co	24. Was disease or injury in any way related to occupation of deceased?
(Address) 108-W-north	ana	If so, specify 7. A. B.
20 FILED See 27 1937 aNo	my Sheer	(Signed) M. D.
	Rezistrar.	(Addrass) of Rrankle mil

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Example . Is read we have seen		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage Still All V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	,			

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Carroll	Projectivities Pict No. 46
	Registration Dist. No.
Village or City Westumester	No. MANAGE instead of street and number)
Length of residence in city or town where death occurred 2_O_yrs	_mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Mary Elizabeth	Subsmilf U. S. Veteran, specify WAR
(a) Residence: No. // WWW. (Usual place of abode)	St., Ward. Wlstunder give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the work work)	
If married, widowed, or divorced nosbanu of Gory WIFE of Frank Globana	22. A I HEREBY CERTIFY That I attended deceased fr
DATE OF BIRTH (month, day, and year)	I last saw h & ative on Alec 6, 19-37; death is si
AGE Years Months Days If LESS th	
about 64 - 1 day,	the I killed A Cause of Death and related causes of hisportance
9 Trade profession or particular	Scure adilipation Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. bate deceased last worked at this occupation (month and	of Heart
9. industry or business in which work was done as SILK MILL.	Griffle C
work was done, as SILK MILL, SAW MILL, BANK, etc	Efronchity De
10. Date deceased last worked at this occupation (month and year) 2001. 10 - 1937 occupation occupation	
West blendon.	Other Coatributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	P-P-N-
13. NAME HELD GREEK	
Carolle 21.1	
14. BIRTHPLACE (city or town) Carroca Co. (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Sugaboth Brightful 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Slenge Hebran H. Westing	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, GREMATION, OR DEMOVAL	Manner of injury
Place Elsworth Cun Date Del & 19.	
9. UNDERTAKER L. E. Muser &	24. Was dicease or injury in eny way telated to occupation of deceased?
(Address) Abentakunda . Mill	It/so, specify
O. FILED 1877 Reficured	(Signed) Il free free free
Va I I La Valoria de la Carta	

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Example	proc Arminianian spring service		Example II	
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Arteriosclerosis	0 1022	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 0 232	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PAIL V. S	July 5,1927	Peritonitis	3 days ago
The control of the co				
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones	_d=-	May 1,1923	Gastroenteritis	1 year
The same with a second				

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V. S. No. 1

	6 .	1	C 3.	a		
T	1	X	1	0	h	
I.	2	U	4	9	1	

1. PLACE OF DEATH	
County Lawl	Registration Dist. No. 78
Village or City Denning	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
9 , 8 × 6	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jumel Emmelt 2	well lisew
(a) Residence: No. (Usual place of abode)	MGSt, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4. COLOR OR RACE OR DIVPRCED (write the word)	21. DATE OF DEATH Dec. 26th 1937
5e. If merried, widowed, or divorced HUSBAND of	(Month) (Dey) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Sent. 11 1927	, 19, to, 19, 19
7. AGE Yeers Months Deys If LESS then	I lest saw h alive on, 19; deeth is seld to have occurred on the dete steted above, etA m. elvet 9.45
/0 3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particuler	Fracture Fran Jahrell & dialogue
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. In Jehove	o ruch
9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc	6
U 10-Date deceesed lest worked at	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Courroll 6	Other Coutributory Couses of Importance:
(State or country) md	
13. NAME Freduct L. Dolders en	
13. NAME Frederick L. Dolders en 14. BIRTHPLACE (city or town) Bulto. City	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there en au!opsy?
15. MAIDEN NAME Coman It Custing	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Soman P. Cushing 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Green Level Date of injury 1 1/26, 19 3 7
The Country med	Where did injury occur? Ma. Secretary Carall Commy (Specify city or tovel, county and State)
17. INFORMANT// Junes Meshary (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury and to marke he and and
Plate T fames Centy Dete Dec 28, 1937	Nature of Injury 7
19. UNDERTAKER 10. M. Halt	24. Was disease or injury in eny way releted to occupetion of deceased?
(Address) Win factel med	If so, specify
20. FILED/2-27, 1937 6:21 Farier	(Signes) hormand, 7 lancage Caroners
discal Registrar.	(Address) Hotalie and.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

		Carro				ored Branch Registration Dist. No. 74	
	Village or	City Hen:	ryton,	Maryla		No. (above) St,	Ward
	Length of ra	sidence in city	or town where	death occurrad	1 yrs 2 mos		sds.
2	. FULL NA	ME Fr	anklin	Moses	Grant	If U. S. Veteran, specify WARYES	
	(a) Reside	nce: No. 8	24 N. 1			mone, lid ward.	
aimittees	PERSO	NAL AND	STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. S		-	OR RACE	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH	
P.	fale	Col	ored	OR DIVORC	ED (write the word)	December 3,	193.7
	If married, wido HUSBAND of						(Yaar)
	(or) WIFE of		Luc	cinda G	rant	22. I HEREBY CERTIFY, That I attended of September 21 19 36 to December 3	
6 1	ATE OF BIRTH	(month day	and was Se	ept. 2	2. 1894	Hast saw him alive on December 3 19 37	
7. A		ars	Months	Days	If LESS than	to have occurred on the data stated above, at 12.20m. P. M.	,
	4	3	2	11	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	
NO	8. Trade, prof	ession, or par work done, as R, BOOKKEEP	s SPINNER,	Chang		Pulmonary Tube culosis	Date of enset
OCCUPATION	9. Industry or	business In	which	Unkno	ייתיי		March
SC	7. 7	as done, as SI ILL, BANK, etc sed last work		1			1936
0	this occ year) -	upation (mont	ed at than Unkno	Sp Coc	time (years) ant in this Unkno	vm	
12.	BIRTHPLACE (CState or co	city or town)	TIOMOS	rstown	(A _)	Other Contributory Causes of Importanca:	,
2	13. NAME	unity)		iam Gra	nt		
포			Ungo	rstown		Name of operation Data of	
-	14. BIRTHPLAC	E (city or tow or country)	Mary.			What test confirmed diagnosis? Was there an a	utonev? No
FAT	(State of	,					1.1
	(State of		Druc:	TTTS MO	nroe	23. If death was dua to external causes (VIOLENCE) fill in also the following	
	15. MAIDEN N	AME	m Hager	rstown	nroe	Accidant, suicide, or homicida?	, 19
MOTHER FATHER	15. MAIDEN N	AME	Hogo	rstown	nroe	Accidant, suicide, or homicida? Data of Injury	
MOTHER	15. MAIDEN N 16. BIRTHPLAC (State of	AME E (city or tow or country) Reube	Mary Mary n Hoff	rstown land	-	Accidant, suicide, or homicida?	
MOTHER 17.	15. MAIDEN N 16. BIRTHPLAC (State (INFORMANT (Addrass)	AME CE (city or tow or country) Reube Henry	Mary Mary n Hoffr ton, Ma	rstown land	-	Accidant, suicide, or homicida? Data of Injury	
MOTHER 17.	15. MAIDEN N 16. BIRTHPLAC (State of the state of the st	AME CE (city or tow or country) Reube Henry TION, OR RE	Mary Mary n Hoffr ton, Me	rstown land man, M. aryland	-	Accidant, suicide, or homicida? Data of Injury Whare did Injury occur? (Specify city or town, county and State Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLA	
17. 18.	15. MAIDEN N 16. BIRTHPLAC (State of State of S	AME CE (city or tow or country) Reube Henry TION, OR RE	Mary Mary n Hoffr ton, Ma	rstown land man, M. arvland J. Date 7// Telsus	D.	Accidant, suicide, or homicida? Data of Injury Whare did Injury occur? (Specify city or town, county and State Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLA Mannar of Injury Nature of Injury	
17. 18.	15. MAIDEN N 16. BIRTHPLAC (State of State of S	AME CE (city or tow or country) Reube Henry TION, OR RE	Mary Mary n Hoffr ton, Me	rstown land man, M. aryland	D.	Accidant, suicide, or homicide? Data of Injury Whare did Injury occur? (Specify city or town, county and State Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLA Mannar of Injury Nature of Injury	ace.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	9

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

properly classified.

should state

of OCCUPA.

Exact statement

3

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	949) Positotic Pia II. 72
	Registration Dist. No
2. FULL NAME Harry B Harry	osds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2
5a. If married, widowed, or divorced HUSBANO of (or) WILE Of Click V Richards	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,h ormin. 8. Trade, profassion, or particular kind of work dona, as SPINNER, Mill hand SAWYER, BOOKKEEPER, atc	I last saw h
9. Industry or business in which work was done, as SILK MILL, Wagou Works SAW MILL, BANK, atc. 10. Oate decaased last worked at this occupation (month and year) spent in this occupation (coupation (State or country)	Other Coutributery Causes of importance:
13. NAME & Benton Hann	Nama of operation Long Data of
14. BIRTHPLACE (city or town) Maryland (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Laura Waltides 16. BIRTHPLACE (city or town) Prangland (Stata or country) 17. INFORMANT Mus alice V Huge	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PLOT SUSSIFIATE NUL Date 17/12, 193	7- Manner of injury
19. UNDERTAKER & lio C. Tolor mid	24. Was disease or injury in any way related to occupation of deceased? If so, specify — — — — — — — — — — — — — — — — — — —
20. FILED 12/11 , 1937 John S. Jugles Registrary	(Signad) Hompstead M. (Addrass)

V. S. No. 1

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Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	52 A 1 3	July 5,1927	Peritonitis .	3 days ago
•	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

state of infor-

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ALTOR OF DEATH in plain

	ACE OF DE		Mar		berculosis Sanatorium red Branch & Basintan Bir No. 74	
	unty Carro				Registration Dist. No. 74	
		enryton,	4	(1	ND. (BDOVE) St., f death occurred in a horpital or institution, give its NAME instead of street and s. Los. How long in U.S. If of foreign birth? yrs. m	
	LL NAME Residence: No.	Mildred R.F.D.#	1.Box 4	4.Prince	If U. S. Veteran, specify WAR—None SS St., Ward.	•
Dr		e,Somers			If nonresident give city or town and	State
s. sex Fema	4. COI	ND STATIST OR OR RACE olored	5. SINGLE, MAI OR DIXORCI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 12	., 193_7
5a. If marr HUSB (or)	ied, widowed, or di IAND of MIFE of	vorced			22. I HEREBY CERTIFY. Thet lattended January 1, 1937, to December	12,19 37
6. DATE O	F BIRTH (month,	lay, and yeer) Ju	ne 15,	1925	Hast saw her alive on December 12, 1937	.; death is sa
7. AGE	Years 12	Months 6	0ays 27	If LESS than I day,hrs. ormin.	were as follows:	Date of onse
8. Tr	ede, profession, or kind of work don SAWYER, BODKK	EEPER, etc	Scholar		Pulmonary tuberculosis	
Se A	dustry or business work was done, a SAW MILL, BANK ate deceased last we this occupation (n	s SILK MILL, (, etc	Sp:	time (years) entin this supation []nkn ()		Dec. 1936
	PLACE (city or tow	Tdox			Other Centributary Causes of Importance:	
표 13. NA	AME Lou	is Harmo	n			
14. BI	RTHPLACE (city or (State or country		land		Name of operation Date of What test confirmed diagnosis? Was there an	au'opsy? No
E	AIDEN NAME	Elizabe		ett	23. If deeth wes due to external causes (VIOLENCE) fill in also the followin	g:
O 16. BI	RTHPLACE (city or (State or country) Mar	vland		Where did Injury occur?	nte)
17. INFOR	ddress) Henr	en Hoffi yton, M	brelyre	•	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	.ACE.
	e, cremation, of	REMOVAL Con	Date ADRE	16 ,19.37	Menner of Injury	
19. UNOER	TAKER ddress	res to be	wast	rd_	24. Was disease or Injury in any way related to occupation of deceased?	No
20. FILED.	12/12/3	7.70 alle	t Local	wanhhaer Registrar.	(Signed) Leaden Hoffman Henryton Mid.	7M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified.

I UNFADING INK-THIS IS A PERMANENT certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	84,
County Carroll,	Registration Dist. No. 74
Village or City Sy Keaville, md.	No Springfield State Hospital st. Ward
F 9 (H	death occurred in a happital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred yrsmos.	Lobbia
2. FULL NAME Edna M. Harris (Edna Box	ward if U. S. Veteran, specify WAR
(a) Residence: No. 114 West Franklin	St., Ward. Hagerstown, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25, 1937.
	Month) (Day) (Yar)
5e. If married, widowed, or divorced HUSBAND of	22.\ HEREBY CERTIEY, That I attended deceased from
(OH) WIFE of John Harris.	December 15 10 36. to December 25 1937.
6. DATE OF BIRTH (month, day, end year) May 9, 1887.	Hest saw h er. alive on Aec. 25 ,1937; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 7m.
49. 7. 16. 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	were es follows:
kind of work done, as SPINNER, Housewife.	Dementia Praecox prior to 10-9-31.
kind of work done, as SPINNER, Housewife, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 10. Date deceased last worked et 11. Total time (years) this occupation (month and 1919).	
SAW MILL, BANK, etc.	
	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Hagerslown	
(State or country) Maryland,	Diet.
13. NAME John Bowald, 14. BIRTHPLACE (city or town). Washington Co.,	
14. BIRTHPLACE (city or town) Washington Co.	Neme of operation
(State of country)	What test confirmed diagnosis? Clinical Symptoms was there en autopsy?
15. MAIDEN NAME Emma J. Shafer, 16. BIRTHPLACE (city or town) Washington Co.	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Walkington Co.,	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland.	Where did Injury occur?
17. INFORMANT Springfield Hospital Records,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address) Sykesville, Md.	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plagentown Med Date Dec 28, 19, 37	Neture of injury
19. UNDERTAKER . M. Suter & Sou	24. Was diseese or injury in any way related to occupetion of deceased? 200.
(Address) Hagastown uld.	If so, specify
20 FILED See 25 1937 CHany It see	(Signed) Harry J. Baer, M.D.
20. FILED Registrar.	(Address) Sykeaville, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Stuporous state since 12-20-37 with consequent inanition.

Marry F. Baer, MINI

V. S. No. 1

1. PLACE OF DEATH	82-0 Positotica Piet No. 7 J
County Court	Registration Dist. No.
Village or Citylean Janey Court	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U. S. iI of foreign birth?yrsmos,ds.
2. FULL NAME KICHARD M. SLESS	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the World)	21. DATE OF DEATH OF Graph 193 (Manth)
5a. If marriad, widowed, of divorced HUSBAND of (or) WIFE of UCALE SOLUTION OF THE SOLUT	22. I HEREBY CERTIFY, That I attanded deceased from 19.37
6. DATE OF BIRTH (month, day, end year) Wav 18, 1860	1 last saw h 1 0 000 4 00 00 00 00 00 00 00 00 00 00 0
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated ebove, at 72.7 30 A m.
77 8 15 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profassion, or particular kind ol work done, as SPINNER,	Carle A ht
SAWYER, BOOKKEEPER, etc.	Deusial Jemornage 292
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date daceased lest worked at this eccupetion (month and	Said instantly
10. Date daceased iest workad at this occupetion (month and yeer) 11. Total time (years) spent in this occupation	
MAD	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State Propuntry)	MIMI SCHUTTING
E 13. NAME JOEP NESS	700
IEI / DANK	Name ol operation Date of
14. BIRTHPUACE (city or town)	What test confirmed diagnosis?
E 15. MAIOEN NAMES MALE	23. It death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME AND THE TENERS OF COUNTRY OF	Accidant, suicide, or homicide? Date of injury
S (State or country)	When did into any and
17. INFORMANT Ma Kichard Meas (Address) Daniel Tohn	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Jord Jamo W. B. Date D. 3 , 1937	Nature of injury.
19. UNDERWAKER LIBERT SON	24. Was diseasa or injury in any way related to occupetion of deceased? M.J.
(Address) only Que	11 so, specify 4 1 2 1 1 1 1 2 2 1
20. FILEO Dec. D. 1937 Whele M. Mehrer. Registrar.	(Signad) 77 M. D.

If more blanks are needed, address State Registrar, 1412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I	j	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	L. PLACE OF DEATH	93-0	
	County CARROLL	Registration Dist. No. 2	4
	Village or City Sykesville, Md	No. Springfield State Hospistal death occurred in a hospital or institution, give its NAME instead of street and u	
	Langth of residance in city or town whara death occurradQyrs,8mos.	death occurred in a notpital of institution, give its NAME instead of street and a 23. ds. How long in U.S. if of foreign birth?yrs	umber) sds.
2	2. FULL NAME HARRIET ARDELLA HINES	If U. S. Veteran, specify WAR	
	(a) Residence: No. Keedysville, Md (Usual place of abode)	St., Ward. 1 A B & Co. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	emale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed	21. DATE OF DEATH December 4 (Month) (Day)	, 193
5a.	Wish Appliance George W. Hines	22. I HEREBY CERTIFY, That I attended of July 16	deceased from
6.	DATE OF BIRTH (month, day, and year) March 18, 1868	Hast saw her alive on December 3 1937	: death is said
-	AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at 7.2.20A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
LION	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	General arteriosclerosis	Data of onset
UP/	work was dona, as SILK MILL, SAW MILL, BANK, etc	prior to	3-11-37
000	10. Data deceased last worked at this occupation (month and ry year) 11. Total time (years) spent in this occupation 50		~~~~~
12.	BIRTHPLACE (city or town) (Stata or country) Maryland	Other Contributory Causes of Importance: Chronic Myocarditis and myo- cardial degeneration	7 70 70
ER	13. NAME John Poffenberger	Caratar degeneracton	(10-2)
FAIH	14. BIRTHPLACE (city or town)	Name of operation Clinical Symptoms What test confirmed diagnosis? Was there are as	tioneu?
HE K	15. MAIDEN NAME Unknown	23. If death was due to external causas (VIOLENCE) fill in aiso the following:	
MOM	16, BIRTHPLACE (city or town) (Stata or country) Maryland	Accident, suicide, or homicide? Date of Injury Whare did injury occur?	, 19
17.	INFORMANT Springfield Hosp. Records (Addrass) Sykesville, Md.	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL Date Sec. 6, 19 39	Manner of injury	
19.	UNDERTAKER Thur. 4. Bost Tou (Address) Boousboro rus.	24. Was disease or injury in any way related to occupation of deceased?	No
20.	FILED Dec 4, 19.37 Cotarry West. Registrar.	(Signed) Harry F, Baer, (Address) Sylkesville, V	m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
JAK	1				
V. S.	Ni I	o			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		STATE C	E MAD	VI AND-	CERTIFICATE OF DEATH	12833
1	PLACE OF		אוראווי וע	ILAND	CERTIFICATE OF DEATH	1 ~ 500
-		~	ווספ		46-31 V	1/
	County	/	tminste		Registration Dist. No.	-
	Village or C			(1	No. County Home t, f death occurred in a horpital or institution, give its NAME instead of street and the bound in U.S. if of foreign hirth?	ward number)
	Length of rasi	denca in cify or town where	daath occurred	O_yrsmos	sds. How long in U.S. if of foreign birth?yrs	mosds.
2.	FULL NA	ME Georg	e E. Ho	ppe	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No.	ounty H	ome 4	St., Ward.	
*****	BERSON	7777	(Uspal place	A Committee of the Comm	If nonresident give city or town as	nd State
3. S		AL AND STATIST			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
OR DIVORCED (write the word)					December 15.	. 193 7
5a. l	male If married, widow	white	sing	Le	(Month) (Day)	(Yeer)
	HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY. That I ettende	d deceased from
					Left? (1927 10 /2-15-	, 193. 7
-			pril 23	, 1858	- A	; death Is said
7. A			Days	If LESS than 1 day,hrs.	fo have occurred on the data stated abova, at	
_		9 1 7	22	ormin.	war as follows: I The throat	Date of onset
NO	kind of w	ssion, or particular vork dona, as SPINNER, , BOOKKEEPER, etc	no	ne	and of the Privace	proces ?
FA	9. Industry or	business in which s done, es SILK MILL.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		
OCCUPATION	SAW MIL	L, BANK, etc			-	
8	this occup	ed last workad af pation (month and	spe spe	ime (years) nt In this		
	year)		OCC	upation	Other Contributory Causes of Imporfence:	Proper
12.	BIRTHPLACE (cit (State or cour		rvland		Starrations	
2	13. NAME		H. Hopp	^		
FATHER		*	π. πουρ	e		
FA	14. BIRTHPLACE (State or		rvland		Name of operation	
ER	15. MAIDEN NAI	ME Tgadore	Orndor	ff	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
OTHER	16. BIRTHPLACE				Accident, suicide, or homicide?	
Σ		country) Ma	ryland		Where did injury occur?	
17.	INFORMANT	Georg	e Banke	rt	Specify city or town, county and S Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC I	rate) PLACE.
	(Address)	West	minster			
18.		ion, or removal ders Cemete	ma. Doo	16 .77	Manner of Injury	
	Place 11 A LA	dere remere	L'ypate. DEC.	·LD, 19,2.{	Nature of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II		
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Chronic interstitial, nephritis IAN 8 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	13.50			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE

LION

BINDING

RESERVED

ARGIN

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
11		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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tem of infor-	should state	f OCCUPA-	
ECORD. Every it	PHYSICIANS	xact statement o	
PERMANEN	EXACTLY.	rly classified. E	ate.
S IS A	stated	proper	certific
WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	12835	
1. PLACE OF DEATH	Property of the second	93-0	/	
County Carroll		Registration Dist. No.	A	
Village or City Mestruin	uster	No. 319 E. Main St., f death occurred in a pospital or institution, give its NAME instead of street an	Ward number)	
Length of residence in city or town where death o		sds. How long in U.S. If of foreign birth?yrs		
2. FULL NAME Uda &	lizabeth Ke	refer If U. S. Veteran, specify WAR		
(a) Residence: No. 319 E	Wasse Of abode)	St., Ward. If nonresident give city or town a	and State	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH		
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Female white	DIVORCED (write the word)	Let. 25 (Month) (Day)	, 193. 7 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lagar F. Ke	efer	22. I HEREBY CERTIFY. That I attend	ed deceased from	
	1 - 10/3/	liast saw hate alive on Ruce 25 193	2 ; death is seid	
6. DATE OF BIRTH (month stay, and year) 7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, et 2.300 m.	e ; death is sero	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
75 0	16 ormin.	were as follows:	Date of onset	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	thouse-	entitue mystariaus	series	
9. Industry or business in which work was done, es SILK MILL.		-	zeas	
SAW MILL, BANK, etc	11, Total time (years) spent In this occupation			
12. BIRTHPLACE (city or town) (State or country)	2	Other Coatributory Causes of Importance: acute Conscillation	elec.	
1	11/2		193	
I Juomes Juomes J	uyre.	7,444		
13. NAME Shows S 14. BIRTHPLACE (city or town) May (State or country) May	gland	Neme of operation Date of Date of Date of What test confirmed diagnosis? Clearly Was there e	n eutopsy?	
15. MAIDEN NAME Margaret	Miller	23. If death was due to external causes (VIOL ENCE) fill in also the follow	ing:	
16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? Date of Injury	, 19	
(State or country)	yland	Where did injury occur?		
17, INFORMANT. Uliss May	Justle	Specify whether injury occurred in (Specify city or town, county and S	rate) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	A.	Menner of injury		
Place Westminster Dat	Dec 27 , 1937	Neture of Injury		
19. UNDERTAKER J. Francis	Rece 0	24. Wes diseese or injury In any way related to occupation of deceased?	200	
(Address) of Mastry	stev Mid	y'sp, specify		
20. FILED 5/1957	uso wo	(Signed) January	M. D.	
100 100	Registrar.	(Address)	1)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis	3 days ago			
	Other contributory causes of importance:				
May 1,1923	Gastroenteritis	1 year			
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:			

ADDITIONAL S	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYL	AND-C	CERTIFIC	CATE	OF	DEATH
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9:0
County Carroll	Registration Dist. No.
	Na princfield Stile Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	sQ_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rubin William Kelly	If U. S. Veteran, specify WAR
(a) Residence; No. Hudaan (Usualplace of abode)	St., Ward. Dollings / V.d. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 19 193 7 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 18, 1877	I last saw n. im alive on December 19 1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad abova, at 2/2 P.m.
60 —\ 3/ 1 dey,hrs.	THE PRINCIPAL CAUSE OF DEATH CHO Telated Causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(1) Chronic myo carditis and myocard degeneration 3/1/22 (3) Cerebral embolism and thrombosio /2/19/37 Other Contributory Causes of Importance:
13. NAME John D. Pelly 14. BIRTHPLACE (city or town) Ballinge (Stata or country) Maryland	Name of operation Data of What tast confirmed diagnosis? Clinical fundings Was there an autopsy?
15. MAIDEN NAME Louisa Williams 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Hospital Records	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Datting Ountingore Dec 22 , 1937	Manner of Injury
19. UNDERTAKER Si- Pory I Hedges (Addiess) 6209 Harford Rd.	24. Was disease or Injury In any wey related to occupation of daceased?
20. FILED Dec 21, 1937 Crany Well	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Trat	a of onset	The enjurine course of death and maletal assess	
5	The principal cause of death and related causes of importance were as follows:		
	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Jul	y 5,1927	Peritonilis	3 days ago
1			
1000		Other contributory causes of importance:	
Mo	ay 1,1923	Gastroenteritis	1 year
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(B) (M)
County Carroll		Registration Dist. I
Village or City Sylesialle	Maryland	No. Toungheld State Handal death occurred in a horpital of death occurred in a horpital or institution, give its NAME instead
Length of rasidence In city or town where dea	ath occurredyrs,mos	\5ds. How long in U.S. if of foreign birth?
2. FULL NAME Toard far	ulient	If U. S. Veteran, specify WAR
(a) Residence: No. 804 E. P.	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 15
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	er E. Stein	1 HEREBY CERTIFY. The
6. DATE OF BIRTH (month, day, and year)	Jay- unknown 1885	Hast saw her alive on Determiner 12
7. AGE Yeers Months 52	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated ebove, at 2:55 Pm The PRINCIPAL CAUSE OF DEATH end related causes of imwere as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this	Chronic Interstitud Nep
12. BIRTHPLACE (city or town) Wakes (State or country) Warry	occupation	Other Contributary Causes of importance: Currous Myocardetia and My
14. BIRTHPLACE (city or town)	win	Name of operation What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Liveline (State or country) 17. INFORMANT A DEPUBLIE RECORD (Address)	Conaway	23. If death was due to external causes (VIOLENCE) fill In als Accident, suicide, or homicide?
18. BURIAL, CREMATION, ON REMOVAL	Date Den. 151, 19 37	Mennar of injury
19. UNDERTAKER (Address)	denny	24. Was disease or injury in eny way related to occupation of if so, specify

_	(31) PV
	Registration Dist. No. 7 4
f	No. The Mark State House St., Ward death occurred in a horping or institution, give its NAME instead of street and number) 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
-	If U. S. Veteran, specify WAR.
	St., Ward. If nonresident give city or town and State
The same of	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	December 12, 193 7 (Month) (Day) (Year)
	1 HEREBY CERTIFY, That I attended daceased from Twender 27, 1937, to December 12, 1937.
	I last saw h. Cq. alive on December 12, 19.37; death is said
	to heve occurred on the date stated above, at 3:555.m.
	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
-	Chronic Interstitud Mephritis Sept, 30-
+	Nilla Silla
-	Other Contributary Causes of importance;
	Chronic Muscarditis and Muscardial 1924
_	Pegeneration and Myrardial 1924
	0
	Name of operation Date of
-	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of Injury, 19
	Where did Injury occur?
-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manage of Liver.
,	Mennar of injury
	Nature of Injury
-	24. Was disease or injury in eny way related to occupation of deceesed?
	If so, specify
	(Signed) M. Virginia Beyer M. D.
	(Address) Syllabulle M.Q.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run oder by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis.	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
ADDITIONAL SPACE F	or furth	ER STATEMENTS BY PHYSICIAN	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of infor-A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. pe AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. RITE PLAINLY,

1. PLACE OF DEATH County Carroll					93-0 Registration Dist. No.	6
Village or City Westminster (II					No. St.,	
	4	2 - 1 1	· · _	yrsmos	sds. How long in U.S. if of foreign birth?yrs,	mosds.
2. FU	LL NAME	alherin	edtisti	<u>^</u>	If U. S. Veteran, specify WAR	
(a) Residence: No	west	(Usual place	of abode)	St., Ward. If nonresident give city or town ar	nd State
Р	ERSONAL AN	D STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) W Lowel				D (write the word)	21. DATE OF DEATH Wee . 31 (Month) (Day)	., 193. 7 (Year)
HIISI	ried, widowed, or divo BAND of WIFE of John H		tin		22. I HEREBY CERTIFY, That I attende NW. 10 ,1937, to Kell. 31	
6. DATE (DATE OF BIRTH (month, day, and year) 6 d. 30 - 1849				I last saw her alive on Lee 30 1930	; death is seld
7. AGE	Years 88	Months 2	Days /	If LESS than 1 day,hrs. ormin.	to have occurred on the data steted ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of onset
8. T	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				chimie myocarditis	same
9. fr	ndustry or business in work was dona, as SAW MILL, BANK,	SILK MILL,				
) 10. D	10. Date daceesed lest worked et this occupation (month and spent in this occupation cocupation cocupation					
	IPLACE (city or town)	md.			Other Contributery Causes of Importance: Cerebrul Nemontauge	1 viels
₩ 13. N	AME Lewis	Freen	,			
13. N	IRTHPLACE (city or to (Stata or country)	md.			Name of operation. Date of	autopsy?
15. M	AIDEN NAME ha	ency m	iller		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town) (State or country)					Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17. INFORMANT & OUILE B. Lister. (Address) W latining to mid.					Specify city or town, county and Si Specify city or town, county and Si Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC F	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Justin Um. Dete Jun. 3, 193.8					Manner of injury	
	RTAKER ASS	ankar	d tax	m d	24. Was disease or injury In eny way releted to occupation of decaased? If so, specify	No
20. FILED	18/5/	1957	Work	Den	(Signed) C. J. Bullingel (Address) Westmindia	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neghritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V C				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

ould star	1. PLACE OF DEATH	(56) app		
of CC CC	County Carroll	Registration Dist. No.		
E	Village or City Silver Rus	NoSt.,		
S it		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsmos		
Every CIAN Lement	2. FULL NAME Darrel Raymond & &	Jahren If U. S. Veteran, specify WAR		
. = = 1		St. Ward.		
ORD. HYSI t stat	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State		
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NT RELY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Oay)		
A CT I	5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ettended decease Nav2 8 1937, to 19		
EX. cla	6. DATE OF BIRTH (month, day, and year) 20. 3-1933	Hast saw ham elive on all the banks of 1937; death		
HIS IS A P be stated be properly of certificat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:00 Pm.		
	4 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
	8. Trede, profession, or particular kind of work done, as SPINNER, Now SAWYER, BOOKKEEPER, etc	Purchang (herte Brocks) De		
	F	- Kalinaralle Flill		
VK—T should it may n back	9. Industry or business in which work was dona, as STLK MILL, SAW MILL, BANK, etc			
F-1 0				
AGE THAT	year) occupation	Other Contributory Causes of importance:		
DIN So neti	12. BIRTHPLACE (city or town) (State or country)			
UNFADING supplied. AGI n terms, so tha ee instructions	E 13. NAME William Kumh Lehho			
5 2 3	14. BIRTHPLACE (city or town)	Name of operation		
上 - 70	(State of country)	What test confirmed diagnosis? Phys Sugar Way there an auto		
WITH Efull in plant.	15. MAIDEN NAME Wilda Evelyn mar kle	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:		
LY, WITI carefully TH in pla	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19		
be EAT	(Stata or country)	Where did injury occur? (Specify city or town, county and State)		
	17. INFORMANT UM: K. Jeppes (Address) J. Programme Dem. M.	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.		
E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
lon suse	Place Sachmane Valled Date & EC 8 , 1937	Nature of injury		
N ME	19 UNDERTAKER ABankard Joon	24. Was disease or injury in any way related to occupation of depeased?		
TEP-	(Address) Wishminsto, and	If so, specify		
7	20, FILEO Dec. 790, 1937 Column Denner J.	(Signed)		

STATE OF MARYLAND—CERTIFICATE OF DEATH 12839

____ Date of injury_____, 19_____

I F Y That I ettended deceased from

....., 19.37; death is said

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A PERMANENT MCCORD. Every item of infor-	ed EXACTLY. PHYSICIANS should state	erly classified. Exact statement of OCCUPA-	icate.
IS	stat	pro	erti
HIS	pe	pe	of c
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 12840
1. PLACE OF DEATH Carroll		-	100 4281 7/
County	4	Aus	Registration Dist, No.
Village or City Westmins	ter	(II	No. Liberty Heights St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	eeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Poy	der Mar	ning	If U. S. Veteran, specify WAR.
(a) Residence: No. Liber	ty Heig	hts	St., Ward.
PERSONAL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE MAR	RIED, WIDOWED,	21. DATE OF DEATH
m/w	OR DIVORCE	D (couries the word)	December 11 , 193 7. (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Marie My	rers		June 1 - 1936, to Klic. 114 , 1937
6. DATE OF BIRTH (month, dey, and year)	cember	21, 1884	A last saw han alive on Lette 60 m, 1937; death is seld
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to heve occurred on the dete steted above, etm.
52 11	20	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mason		Carenona of King alis
9. Industry or business in which			7711930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
1D. Date deceased lest worked et this occupation (month and year)	11. Totel t	ime (yeers) nt in this	
year)	CCC	upetion	Other Centributery Ceuses of Importance:
12. BIRTHPLACE (city or town) (State or country) Mary	land		
13. NAME Lewis P. N 14. BIRTHPLACE (city or town) 14. City or country) M. 2001	CATTLE STATE		Name of operation. Work
(State or country) Mary	land		What test confirmed diagnosis? Y ray + tweffer Was there an autopsy? The
15. MAIDEN NAME Emily J.	Barnes		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Emily J. 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?
-1 (State of County) Mary	land		Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Emily (Address) Westminste	J. Man	ning	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Menner of injury
Place Westminster, M	d Dete Dec	13,1937	Neture of Injury
19. UNDERTAKER J. Franci (Address) Mestminst	sReese.		24. Was disease or Injury in any way releted to occupation of deceased?
20. FILED /2//3, 1937	Chron	Registrar.	(Signed) C Bullings la M. D. (Address) Westminster, MA
If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week and Cerebral hemorrhage IAN & 1029 July 5.1927 Peritonitis 3 days ago RIMEAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12841
1. PLACE OF DEATH	[37]
County Landly	Registration Dist. No.
Village or City Hampstead	No. St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
	s. How long in U.S. if of foreign birth?yrs
2. FULL NAME Levrys & Maun	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manuel	21. DATE OF DEATH December 9 193 7 (Month) (Dey) (Yeer)
5a. If married, widowed, or dispreed HUSBAND of Clara B Lippy	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) Curg. 12-1863	Nest saw harm elive on Dec 8 1937; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at/1: 2.0 f.m.
74 3 27 1 dey,hrs.	more se follows:
R Trade profession or particular	(1/13 wigos Prostation Hypertropmy) 932
kind of work done, es SPINNED Lete Courage build SAWYER, BOOKKEEPER, etc. 9, Industry or business In which	17/ warma 17/26/
kind of work done, es SPINNER Courage build SAWYER, BOOKKEPER, etc. 9, Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and	
10. Date decessed last worked et this occupation (month end the control occupation occup	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country) Luca	
13. NAME Lewis Maurath	
13. NAME Levers Maurath 14. BIRTHPLACE (city or town) (State or country)	Name of operation Associated Date of Party / 12 What test confirmed diegnosis? Clinical Westhere an autopsy?
15. MAIDEN NAME Haurie Frim	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hause Fins 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus See & Malwath (Address) Hawkstead Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / Male 17/12, 1937	Menner of Injury
19. UNDERTAKER The Cyfston (Address) Lawystead, Med	24. Wes disease or injury In eny way related to occupetion of decessed?
20. FILED 12/10, 1937 July S. Augus)	(Signed) Mannie C. Varter freed M. [(Address) Hampsteast Dncl
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING MARGIN RESERVED efully

ECORD. Every item of inforstatement classified certificate. Jo back may on that instructions plain very important. ıı DEATH plnous OF AUSE

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred 2. FULL NAME uniclds U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIOOWED, 21. DATE OF DEATH OR DIVORCEO (write the word) (Month) 5a. If merried, widowed, or divorced HUSBAND of 22. CERTIFY. Thet I attended deceesed from (or) WIFE of 5. DATE OF BIRTH (month, dev. end veer) 7. AGE Months **Oeys** If LESS then to have occurred on the dete steted above, et 1 dayhrs. The PRINCIPAL CAUSE OF DEATH or min. were es follows Oate of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. twomse 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.... 10. Dete deceesed lest worked at 11. Total time (years) this occupation (month and spent in this occupetion 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation...... Dete of ... (State or country) Whet test confirmed diegnosis?_____ Was there en autopsy?____ MOTHER 15. MAIOEN NAME 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Dete of injury_______ 19_____ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Neture of injury. 24. Wes disease or injury in any wey related to occupation of deceased?.... 19. UNOERTAKER (Address) if so, specify

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Example I	li il	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1938	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	15 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state Exact statement of OCCUPA-PHYSICIANS

stated EXACTLY. IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

WITH UNFADING INK-THIS

1. PLACE OF DEATH County Village or City War Length of residence in eity or town where death occurred. Length of residence in eity or town where death occurred. War Length of residence in eity or town where death occurred. War 2. FULL NAME (a) Residence: No. (Usual place of abody PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORED Currise the sprod) To Divorce Death 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I ettended deceesed from the date stated above/et. Ward. Williagan, hrs. Or. II and of work dome, as SPINNER, Short and the date stated above/et. S. Irreda, profession, or perticular kind of work dome, as SPINNER, Something the sprod of the date stated above/et. S. Industry or business in which short and pass the spent in this occupation (State, or country) S. Industry or business in which short accessed last worked et. S. Industry or business in which short accessed last worked et. S. SI, War If U. S. Veteran, specify WAR. Ward. II nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I ettended deceesed from the date stated above/et. S. Industry or business in which short accessed last worked et. S. Industry or business in which short accessed last worked et. S. Industry or business in which short accessed last worked et. S. Industry or business in which short accessed last worked et. S. Industry or business in which short accessed last worked et. S. S. Ward. II Totel time (yeers) Other Costributory Cases of Importence: Other Costributory Cases of Importence:
Village or City War Ward on St. War Clid death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In-sity or town where death occurred war of the word was done, as SPINNER, which was done, as SPINNER, which work was done, as SPINNER, which was done as word of the wo
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In-sity or town where death occurred
2. FULL NAME (a) Residence: No. (Usual place of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrig: the word) 6. DATE OF BIRTH (month, day, end year Original death is satisfied of work does as SPINNER, SAWYER, BOOKKEEPER, etc. 8. Treda, profession, or perticular. 8. Treda, profession, or perticular. 9. Industry or business in which wich word of this occupation (month and year) 9. Industry or business in which wich work was done, as SILK MILL, SAW
(a) Residence: No. (Usual place of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OK RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wings the word) 1. DATE OF DEATH (Month) (Day) 1. DATE OF DEATH (Month) (Month) (Day) 1. DATE OF DEATH (Month) (Month) (Day) 1. DATE OF DEATH (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Day) (Month)
(a) Residence: No. Cusual place of abody PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF, RACE OR DIVORCED ("wrigs the word) WISHAMD OF (CLE) WHICH AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wrigs the word) WISHAMD OF (CLE) WHICH AND STATISTICAL PARTICULARS 5. IF Married widowed, or divorced HUSBAND OF (CLE) WHICH AND STATISTICAL PARTICULARS 6. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in whi
Cuasa place of abody If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word) What work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done, as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done as SIK MILL, Say Mindle Dank, etc. 9. Industry or business in which work was done as SIK MILL, Sa
OR DIVORCED (wirise the word) Sa. If married widowed or divorced HUSBAND of (ar) will of at white of
5a. If married) widewed, or divorced HUSBAND of (act) HIS
HUSBAND of (ar) HIFF of Bathburne J. Mullub 6. DATE OF BIRTH (month, day, end year Arch 10/966, 7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. 8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEEPER, etc. 10. Data decessed last worked et this occupation (month and year) 11. Totel time (yeers) spent in this occupation (month and year) Other Centributery Cancel of Importence:
6. DATE OF BIRTH (month, day, end year Arel 10/96, 7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. 8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceesad last worked et this occupation (month and year) 11. Totel time (yeers) spent in this occupation (month and year) Other Contributory Causes of Importence:
7. AGE Yeers Months Deys If LESS than I day,
7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. 8. Treda, profession, or perticular kind of owek done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessad last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 15. LESS than 1 day, hrs. or heve occurred on the dete stated ebove, et. 7.30 m. Tha PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: Other Centributery Causes of Importance were of Importance were es follows: Other Centributery Causes of Importance were es follows: Other Centributery Causes of Importance were es follows:
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(State or country)
1 Waste
E mad
14. BIRTHPLACE (city or town) Neme of operation. Date of
whet test commined diegnosis:
Accident, sulcide, or homicide? Quite of injury. 7.5 9-, 19.2. (State or country) Where did injury occur?
(Specify city or town, county and State)
(Address) Padila desta (29ml)
18. BURIAL, CREMATION, OR, REMOVAL
Plece Vamen S Date Dell. 2) 1872 Nature of injury Ohaffry Melon
24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) If so, specify If so, specify
(Signed) Signed
20. FILED (Address) Mesting de la

STATE OF MADVI AND-CEPTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitud nephritis \ 6 1908	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			T	

TION

20, FILED.

1000 pluods

Date of onset

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If so, spacify

(Address)

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis . PEU 2 1038	3 days ago
		and any of the same of	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12845
1. PLACE OF DEATH	(186=0)
County Carry	Registration Dist. No. 80
Village or City Mean Tlew Wruds	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) 105. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Unelia Cathania	
	MOTO S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH A) & Cumbre 7 15 (Day) (Year)
a. If marriad, widowed, or divorted the state of John P. Myore	22. 1 HEREBY CERTIFY, That I attended deceased from December 19, 1934, to December 72, 1927
DATE OF BIRTH (month, day, and year)	I last sew h w alive on December 7 18 19/37: death is said
AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1 - e. m.
8 1 2 1 1 day,hr	were se follows:
8 Trade profession or particular	Carcinoma of Stomach 1934
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Jindustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at his occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) CATTOLL CO 9118 (State or country)	Other Contributory Courses of importance: Tructure of High aught: lug 25-7
	- due to accidental fall; in her home;
The state of the s	august 25th, 1937. Quy & B.
14. BIRTHPLACE (city or town) (State or country)	Name of oparetion Date of
15. MAIDEN NAME GARAGE & GARAGE	Whet test confirmed diagnosis? Was there en eutopsy? 72
16. BIRTHPLACE (city or town) Market	23. If deeth was due to axtarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident, suicide, or homicide?
(Stete or country)	Whera did injury occur? The Window und
7. INFORMANT MAS A. R. Lamberty (Addrass) also under my	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mennar of injury accidental hall.
Place infanore emotivate Del 9, 193	Nature of injury
9. UNDERTAKER ON Karthly & Sou	24. Wes diseese or injury in eny way related to occupation of dacaasad? 72 Q
10. FILED Law 9 , 127 Eren & Brush!	(Signad) WD
Registrar. If more blanks are needed, address State Registrar.	(Address T. MW. Winds w., Md.

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT LAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WRITE PEAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12846
1. PLACE OF DEATH	(31)
County Carroll	Registration Dist. No.
Village or City / awalylows	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
5) . 4 @ 00	
2. FULL NAME Waves G Fills Vain	
(a) Residence: No. Ostlostal (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF FACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the hold)	21. DATE OF DEATH December 8, 1937
5a. If married, widowed, or divorced HUSBAND of	(1847)
(or) WIFE of Mary Hennella Mark	1 HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	1 last saw 1 cm alive on Dec, 7, 193); daath is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Carenary acclusion 12-8-37
kind of work done, as SPINNER, Ketirek former	acute Confire delatation 12-8-3)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A
10. Date deceased last worked at this occupation (month and spent in this	Chronic Nephritis à Idema 1935
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME Urlliam Kusbanns	Secondary Quemia 1937
E Oaal	nan
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Line (Was there an autopsy? Pro-
I 15. MAIDEN NAME again yessen	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or towns)	Accident, suicide, or homicide?
≥ (Stata or country)	Where did injury occur?
17. INFORMANT AND Mary Hus Vann	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) of anentown and	
18. JURIAL, CREMATION, OR REMOVAL	Manner of injury
Day Date Q - 10,1937	Nature of injury
19. UNDERTAKER OF OF THE CANADA CANAD	24. Was disease or injury in any way related to occupation of deceased?
() 2 14 8 1 1 1 1 Walt	(Signed) MARKET M. D. M. D.
20. FILED Se: 4. , 1931 Che My Medistrar	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting S. S. No. 1.

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Example I		Example II	
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of importance were as follows Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1956	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carrolly 19	Registration Dist. No.
Village or City Ass personale had	No. St., Ward
Length of rasidence in city or town whara death occurred 22 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Sevil Para	Less If U. S. Veteran, specify WAR
	ASLA Ward.
(Usual place of abode)	1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11. 19 1888	I last saw have elive on Al 2 , 193 %; each is said
6. DATE OF BIRTH (month, day, and year) WIL 3 - 0	to heve occurred on the date stated above, at 2.35 m.
// / / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	ware as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonary 111
9. lodustry or businass in which work was dona, as SILK MILL,	Dellema 1/1/38
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. lodustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked al this occupation (month and	
this occupation (month and spant in this occupation	
heat Paul	Other Contributary Causes of importance
12. BIRTHPLACE (city or town) full state and country)	Caranac x Pypenny
13. NAME Malliana & Carley	astern delever
13. NAME Hollian Cartel	Neme of operation Oeta of
(Stata or country) North Carpling	Whet test confirmed diagnosts? Was there an autopsy?
15. MAIDEN NAME Comblia Sulati	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury
* (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Horfartish Record	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL CREMATION, OR REMOVAL	Manner of injury
There of the contract of the c	Nature of Injury
19. UNDERTAKER ON SIGNATURE MILES	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Saw 2 , 19.38 CHarry Meer Registrar.	(Signed) M. M. Maglaga M. O. (Address) Anguar Held State Had
	2412 N. Charles Street, Bolimore, Requesting U. S. No. 2.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 ycar	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis IAM & 1038	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AUSE OF DEATH in plain terms, so that it may be ation should be carefully supplied.

-WRITE

V. S. No. 1

of OCCUPA-

1 :	S 1. PLACE OF DEA		F MARY	LAND-	CERTIFICATE OF DEATH	49
	County	Carrol	1		Registration Dist. No.	
	Village or City	near Pa	atapsco	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign high?	Ward
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ds.
	2. FULL NAME					
	(a) Residence: No	near	Patapso (Usual place of	Q abode)	St., Ward. If nonresident give city or town and Stat	e
	PERSONAL AN	ND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	female	white	The second secon	IED, WIOOWED, (write tha word)	21. DATE OF DEATH December 17, (Month) (Oey)	3_7 (Year)
5a.	If married, widowad, or div HUSBAND of (or) WIFE of Ge		sley Pic	kett	Seps I HEREBY CERTIFY. That I attended dece	eased from
6.	DATE OF BIRTH (month, da	y, and year) Au	igust 23	. 1855	I last saw har elive on Lles 154, 1937; de	ath is said
7.	AGE Years	Months	Oays	It LESS than 1 day,hrs.	to have occurred on the date stated above, at I Q m.	
Z	8. Trede, profession, or p	perticular SPINNER	24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:	ata of onset
OCCUPATION	kind of work done, as SPINNER, at home SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Oata decaasad last worked at 11. Total tima (years)					ru
0	this occupetion (mo		spent	in this ation	Other Contributory Courses of importance;	
12	BIRTHPLACE (city or town) (Stata or country)		ryland		arters released +	
1ER	13. NAME . J	acob M.	Leppo		0 0 0	
FATHER	14. BIRTHPLACE (city or to (State or country)		ryland	***************************************	Name of operation Oate of What tast confirmed diagnosis? Clinician Was there are autog	osy? Zu
JER	15. MAIDEN NAME	Martha	A. Tay	lor	23. If deeth was due to externed causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	оwп)Ма	ryland		Accidant, suicida, or homicide? Oate of injury	, 19
17.	INFORMANT(Address)	George Pataps	W. Picke	ett.	(Specify city nr town, county and State) Specify whether Injury occurre In INOUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR Place Bethel	REMOVAL		19,19.37	Manner of Injury	
19	. UNOERTAKER	J. Franc Westmin	is Reese	1. 0	24. Was disease or injury in any way related to occupation of deceased?	٠٥
20.	FILEO/////	195/4	Cur	Registrar.	(Address) With 1	M. 0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	Garage Control	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	I RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1039	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

WRITE PLA

V. S. No. 1

1	. PLACE OF			Maryl		erculosis Sanatorium	/
	County Ca	arro	11		00101	Registration Dist, No. 74	
	Village or Ci	ty_He	enryton,	Maryla	ad	No. (above) St., W. death occurred in a horpital or institution, give its NAME instead of street and number)	/ard
	Length of resid	lence in c	ity or town where o	death occurredC		death occurred in a horpital or institution, give its NAME instead of street and number)	_ds.
2	. FULL NAM		Isna Pi			If U. S. Veteran, specify WARNone	
	(a) Residence	e: No.	927 Pari			e, sild. Ward.	
MINOR	DEDCON	A1 A1	ID CEATICE	(Usual place of		If nonresident give city or town and State	
_	PERSON			ICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	_
	female		lored	5. SINGLE, MARE OR DIVORCED Marr	(write the word)	21. DATE OF DEATH December 28 , 1937 (Month) (Day) (Year)
5e.	If married, widowe HUSBANO of (or) WIFE of	d, or div		arles Pi	nkett	22. I HEREBY CERTIFY, That I attended deceased April 26 1937 to December 28 193	
	ATE OF BIRTH /	month de		Nov., 19	. 1913	Hest sawher alive on December 28, 1937; death is	hles
-	AGE Year		Months	Days	If LESS then	to heve occurred on the dete stated above, at 9.05 P. M.	3410
	24		1	9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trade profes	8 Trade profession or particular				Pulmonary Tuberculosis	nset
110		kind of work done, es SPINNER, Domestic					
OCCUPATION	9 Industry or b work wes	done, es	CHI W MILLS	Jnknown.		Apr	
S	SAW MILI	d look	-1 - 1 - 1	11. Total the	ne (years)	193	6
0	this occup	etion (m	onth and Unkr	nown span	t in this Unkno		
12	BIRTHPLACE (city	u or town	Tones	sville		Other Contributory Causes of Importance:	10
12.	(State or coun		South	1 Caroli	na		
ER	13. NAME		Janes	E. Smi	th		Κ.
ATHER	14. BIRTHPLACE	(city or t	own). Jones	sville		Neme of operation Dete of	
1	(State or		South	a Caroli	na	Whet test confirmed diegnosis? Wes there an autopsy the	0
HER	15. MAIDEN NAM			gianna F	oster	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE	(city or t	own) Jones	sville		Accident, suicide, or homicide? Dete of injury	
Σ	(Stete or	country)	South	1 Caroli	na	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
17.			en Hoffn yton, Ma	an, M.	D	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	Plece X.M.L		REMOVAL	Moto 12/	3/ 19.37	Manner of Injury	
19.	UNOERTAKER (Address)	Ing	25	Coops	er:	24. Was disease or injury In any wey releted to occupation of deceased?	
20,	FILEO Dec	28	19 Albert	t R S	Registrar.	(Signed) Reusen Aoffnia (Address) Henryton () Haryband	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14

V. S. No. 1

KECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
W. BWRITE LAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	1		

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Coarroll	Registration Dist. Np.
Village or City Partapoco, Md	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Edward E. Port	tev
(a) Residence: No. Patapaco (Musiplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR PACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24 , 1937
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(Or) MIFE of Maomi Corter	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Sept 21, 1900	I last saw he last alive on dec 24 1927; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1:30P.m.
3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were, as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myscardial degeneration Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and)	* Loronsy/Thromboses
10. Date deceased last worked at this occupation (month and 0/13/37 II. Totel time (years) spant in this year)	<i>f</i> '
12. BIRTHPLACE (city or town) Canall Co (State or country)	Other Contributory Causes of Importance:
13. NAME Nowh Carter 14. BIRTHPLACE (city or town)	Name of operation
(Stete of country)	What test confirmed diagnosis? Phyla Rega 9 Sawar Here an au'opsyll D.
15. MAIDEN NAME alora Maill	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Alora Naill 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT M. alone Porter (Address) West min to mal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Plets by Converte Carty Date Dec 77, 1937	Manner of injury
/ n. \h 11	Nature of Injury.
19. UNDERTAKER (Address) Min field Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 26, 19) Illumby Registrar,	(Signed) William Allegher M. D
If we then the the terms of the	(nonso)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 6 1913	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	tis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	BURLUY. S.	July 5,1927	Peritonitis	3 days ago
		e anne a b		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II		
The principal cause of importance were at Arteriosclerosis	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial neph	irilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	· · · · · · · · · · · · · · · · · · ·	July 5,1927	Peritonitis	3 days ago	
	SUREAU V. S.				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		i			

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
----------	-----------	-------------	----	-------

17559

1	. PLACE OF DEA	TH C	Maryla:	nd Tuberc	culosis Sanatorum	~ (1)
	County Carro			Colored	Branch 23 Registration Dist. No. 74	
	oodinty	lenryton	. Lid		/ / > \	Word
				(lf	No. (ADOVE) St., death occurred in a hospital or institution, give its NAME instead of street and no	wmber)
					9 ds. How long in U.S. if of foreign birth?mos	ds.
2					If U. S. Veteran, specify WAR None	
	(a) Residence: No.	1 925 Ke	Lly Aye (Usual place	, Baltim	OPS:, Md. Ward. If nonresident give city or town and S	State
	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
-	77	or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 1, (Month) (Oay)	193_7
5a.	If married, widowed, or div	vorced 4	inknor			(10.00)
_	(or) WIFE of			in	22. I HEREBY CERTIFY, That I attanded d September 22, 1937, to December 1	, 1937
6.	DATE OF BIRTH (month, d	ay, and year) F	eb., 5,	1912	Hast saw her alive on December 1 ,1937.	death is said
7.	AGE Years	Months	Deys	If LESS than	to have occurred on the data stated above, at 4.45 M.	
	25	9	26	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
NOI	8. Trede, profession, or kind of work done SAWYER, BOOKKI	as SPINNER.	Domest	cic	Pulmonary Tuberculosis	
OCCUPATION	9. Industry or business work was done, as SAW MILL, BANK	in which SILK MILL, , etc	Unknov	vn		Aug. 1937
000	10. Date decaesed last w this occupation (m year)	orked at onth and nich	QVIII. Totel t	ime (years) nt in this Unkno upation Unkno	vm	A.V.V.1
12.	BIRTHPLACE (city or town (State or country)	, Balt Mary	imore Co land	ounty	Other Contributory Causes of Importance:	
ER	13. NAME	Will	iam Pric	се		
FATHER	14. BIRTHPLACE (city or (State or country)	town) Balt Mary	imore Co land	ounty	Name of operation Dete of What test confirmed diagnosis? Was there en a	Honey? NO
ER	15. MAIDEN NAME	Marg	aret Qui	ckley	23. If deeth was due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or (State or country)	town) Balt	imore Co		Accidant, suicide, or homicide? Dete of injury Dete of injury Where did Injury occur?	19
17.	INFORMANT A	Loffens	in u m	L,	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	
18	BURIAL, CREMATION, OR		Con Date / 2/4	/37 ,19	Manner of Injury	
19	UNOERTAKER ROLL (Address)	en San	ders st		24. Was disease or injury in any way related to occupation of deceased?	(O
20	FILEO 12/1/37	19 Albert	t R. Sw puty Loc	archhaur Cal Registrar.	(Signed) / Cluber Horizon, Caryland	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12854
1. PLACE OF DEATH		107.0
County Carroll		Registration Dist. No.
Village or City Westmins	Tio Tio	No. Casall Home for the aged St., Ward
Length of residence in city or town where deeth of the second sec	ccurred yrs. 7 mos	f death occurred in a hospital or institution/give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. 4 % Carro	eton are - B. Usual place of abode)	If U. S. Veteran, specify WAR If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of REV Was Jf. RE	EP	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) APR	11-4-1844	I lest saw han_alive on_lest_1 [19317; deeth is said
7. AGE Yeers Months 93	Oays If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, et 4.2.2.2.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	one	were as follows: Oata of one at
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et this occupation (month end		(due 1/2) 19 37
10. Dete decessed lest worked et this occupetion (month end yeer)	11. Totel time (yeers) spent in this occupetion	type #8
12. BIRTHPLACE (city or town) WIR (Q N Y) (Stete or country) FREDE		Other Cantributory Causes of importance:
I 13. NAME FENRY REMO	カナナナ	
13. NAME FENRY REMOVED 14. BIRTHPLACE (city or town) LINE (Steta or country) FRESE	NVILLE	Name of operation Oate of Whet test confirmed diagnosis?
15. MAIOEN NAME MARIA CO A 16. BIRTHPLACE (city or town) MAIOLY M.	HRAN	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) ANIONY (Stete or country) FRERE	PICK Co	Accident, suicide, or homicide?, f9, Where did Injury occur?, f9
f7. INFORMANT Valley (Address)	ter mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placement Communication Described Describe	Sec 20, 1937	Manner of injury
19. UNOERTAKER & Sankund & so	n	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILEO	hingman	If so, specify (Signed) 2 Reese wilkers M. D
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago 1 week ago 3 days ago
Arteriosclerosis	1915 1921 July 5,1927		
Chronic interstitial nephritis			
Cerebral hemorrhage		Peritonitis	
MAN 6 1838			
Other contributory causes of importance:		Other contributory causes of importance:	Buchij
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year
1			

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AUSE

V. S. No.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long in U.S. il ol loreign birth? yrs. mos. ds. If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word) ellowed (Oav) 5a, if marriad, widowed, or divorced HUSBAND of EY. That I attended dacaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months 0ays If LESS than to have occurred on the date steted above, at-1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onest 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation..... (State or country) Whet test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?______ Oate of injury______ 19__ 16. BIRTHPLACE (city or town) ____ (Stete or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) il so, specify. Registrar.

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Example I	nts. [1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis 100 4 1938	1921	Run over by street car	1 week ago	
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
FUREAU V.				
1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BINDING

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MARGIN

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Allack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Carrie	Registration Dist. No.
Village or City Wear Hely Wynden	No. St. War
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME CONSELLATION	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Haman While OR MYORCER (write the word)	(Month) (Day) (Yeer)
5a. If married, widowes or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Wildow Magica Nog	may 18 5 1937 to December (9th 19 30
6. DATE OF BIRTH (month, day, and year) 126-2 18/38	liast sew hlv alive on Delunty 19 1 19 27 : death Is sel
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 7 P. m.
19 17 I gay,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	arterio - Schervais Date of one
kind of work done, as SPINNER, STOUSEREE PER	Chronic Diffuse White 1937
9. Industry or business in which work was done, as SILK MilL, howe	// // // // // // // // // // // // //
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) The relining Co. Mad	Other Contributory Causes of Importance:
(State or country)	4.
13. NAME ROWN NOT KNOWN	
14. BIRTHPLACE (orty or town) Mot Known	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME CHEEN WALK	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hay windson Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place Telk Law Date Lev. 22, 192 1	Nature of injury
19. UNDERTAKER Da Harbler Ir Song (Address) Went windson Ma	724. Was disease or injury in any way related to occupation of deceased? 71.0
20 FILED Le 20 19 Cracie Alandret	(Signed) Muliny July 1 M.
20. FILE Registrar.	(Address) MwWindsor, Md., 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I	4000	Example 11	
The principal cause of deat of importance were as follow	h and related causes	11	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (C)	ECEIAE.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	(1A4) 5 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	12854
1. PLACE OF DEATH	00		(83)	
County Carry	UG.	A-A	Registration Dist. No.	74
Village or City	Gesul	le	NDSt.,	Ward
Langth of rasidence in city or town w	here daath occurrad	2 yrs 2 mos	f death occurred in a hospital or institution, give its NAME instead of street as	
2. FULL NAME Ser	ral las	man 1	Sulfile U. S. Veteran, specify WAR	
(a) Residence: No. X 5/	3 horth	Louard	St., Ward.	
	(Usual place	1 June	If nonresident give city or town a	
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH	
3. SEX 1. COLOR OR RACE White		RIED, WIDDWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	use Ri	uhl	22. HEREBY CERTIFY, That I attand	ed daceased from
6. DATE OF BIRTH (month, day, and yaar)	Det 15.	- 1872	I last saw how alive on All 17 193	Z.; daath is said
7. AGE Yaars Month	s Days	If LESS than	to have occurred on the data stated above, at _ 2 . Q.ZAN.	
65 2	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
8. Trada, profession, or particular	-11		22	Data of onsat
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc	Valesin	ian.	Dentral Jaralyers	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			It I wanted	1934
SAW MILL, BANK, etc	11. Total ti	me (yaars)		
this occupation (month and year)	sper	ntin this		
12. BIRTHPLACE (city or town) (State or country)	Ballinn	nl	Other Coutributory Causes of importanca:	
	0 0	111		
13. NAME 14. BIRTHPLACE (city or town)	rge N	night		
14. BIRTHPLACE (city or town)	1	-	Name of operation Date of	
(State or country)	Sun	mic	What tast confirmed diagnosis? Was there a	n autopsy? 14
15. MAIDEN NAME CAMA	ul uss	yran	23. If death was due to external causes (VIDLENCE) fill in also the follow	ing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or equative)	19-cella	whe	Accident, suicida, or homicide? Date of Injury	, 19
(State or country)	1-11	-	Where did injury occur? (Specify city or town, county and 5	itata)
17. INFORMANT The state of	Ial Kl	word.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	a.		Manner of Injury	
National Cen	Data Data	193	Nature of injury	
19. UNDERTAKER TUELLIAM (Address) 1217 Sq	Bul of	Balto.	24. Was diseasa or Injury In any way related to occupation of daceased? If so, spacify	
20. FILED Dec. 18, 1937	CHarry	Registrar.	(Signad) Adversey weeker Start of	M. D
If	more blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Dequesting V. S. No. 1.	1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	Ayear

MARGIN RESERVED FOR BINDING

V. S. No. 1

		10	AIL	IN MIAK	I LAND	CERTIFICATE OF DEATH	14000
:	1. PLACE OF	DEAT	H			95	
	County	CA	RROLL			Registration Dist. No.	4
	Village or Ci	ity Sy	kesvil	le, Md.	(11	No. Springfield State Hosp St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of resid	dence In city	or town where o	leath occurred	yrs4mos	s18_ds. How long In U.S. if of foreign birth?m	osds.
:	2. FULL NA	WEI	BARBARA	SELLNE	R (or Sor	ner) If U. S. Veteran, specify WAR	
	(a) Resident			mpton S (Usualplace	t.	St., Ward. Baltimore, Md. If nonresident give city or town and	
_	PERSON	AL ANI	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX Female		or RACE		RIED, WIDOWED, D (write the word) WN	21. DATE OF DEATH December 16, (Month) (Day)	, 193.7 (Year)
5a.	. If married, widow HUSBAND of (or) WIFE of	ed, or divor	Unkn	own.		22. I HEREBY CERTIFY, That I attended July 28, 1937, to Dec. 16,	deceesed from
	DATE OF BIRTH /	month dow		Unkno	O MAIN	i lest saw h. er. alive on Dec. 16, 137	
-	AGE Year		Months	Days	If LESS than	to have occurred on the date steted above, at 2: 30P.sm.	. , gestii 15 5810
	86	6			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	
NO	8. Trede, profession, or particular kind of work done, as SPINNER.			Housew	7,121	General arteriosclerosis prior to	Date of onset
OCCUPATION	SAWYER, BOOKKEEPER, etc				110	prior co	1-20-01
000	10. Date decease this occup		ed at	11. Total ti spa	ime (years) nt in this Unk.		*
12	. BIRTHPLACE (cit (Stete or coun		<u>U</u> :	nknown		Other Coutributory Causes of importance: Chronic myocarditis	7 60 5
2	13. NAME	Ilnk	nown			Gangrene of feet	19-19-7
FATHER	14. BIRTHPLACE (State or	(city or tov	vn)	known	***	Name of operationClinical Symptoms	
2	Tell Indian	15. MAIDEN NAME Unknown				What test confirmed diagnosis? Was there an : 23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (State or		(n)	nown		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17	INFORMANT S	pring	field		ecords	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18	BURIAL, CREMATI	ION, OR RE			20-41937	Manner of Injury	
19	. UNDERTAKER	BR	mard	16 18 West	arle	24. Wes disease or Injury In any way related to occupation of deceased?	No
20.	FILED DEC.	12,1	32 G	Harry &	reserr Registrar.	(Signed) Harry F. Baer, (Address) Sykesville, Mod	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ii.	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This patient was admitted to Springfield State Hospital, Sykesville July 28, 1937, on transfer from Spring Grove, with the statement that family and personal histories could not be obtained.

H. F. Baer, M. D.

Evample II

STATE OF MARYLAND-	CERTIFICATE OF DEATH	2xen
1. PLACE OF DEATH	(99.50)	2000
County Corroll D. A	Registration Dist. No. 8/e	
Village or City Www Wnage	NoSt.,	Ward
Langth of residence in city or town where death occurredyrsmgs.	death occurred in a hospital of Institution, give its NAME instead of street and nu	imber)
2. FULL NAME Mary Line Sh	KV- VINOVI MOVI MAL	
Diff	Walledam, specify WAR.	********
(a) Residence: No. Public (Usus) Place of abode)	St., Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 74. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVOUCED (write the word)	21. DATE OF DEATH December 5 (Month) (Day)	193 (Yevr)
5a. If marriad, widtwed, or divorced MISBAND of James M. Shellings	22. I HEREBY CERTIFY, That I atlanded de Morembre 26 1937 to December 5	7)
6. DATE OF BIRTH (ponth, day, and year)	I last saw head alive on Decline 4/4, 1937;	death is said
7. AGE Years Months Oays II LESS tran	to have occurred on the data stated abova, at 7 m.	
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH end ratated causes of importanca were as follows:	Date of onset
kind of work dona, as SPINNER, Reure	arterio - Scherosi	1925
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and	Cerebral Hemonlage	11-27-3
- 1 2bell (111 fill 2		
1/ \ 1	Othar Centributery Causes of Importance:	
12. BIRTHPLACE (city or town)	***************************************	
A CALL III	***************************************	
E man I suggest		**********
(Stata or country)	Name of operation	. 710
15. MAIDEN NAME Harrel Haires Shahl	Wing test confirmed diagnosis? Was there an au	opsy/_//_
15. MAIDEN NAME Havel Having Special 16. BIRTHPLACE (city or town) Many Bridge	Acident, suicide, or homicide?	10
(Stata or country)	Whare did injury occur?	, 10
17. INFORMANT. MAY & & Stauffer (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Output Description of the public of the public place of the public pla	E.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
resminute Episcold 000 Are 71939	Nature of injury	
19. UNDERTAKER DA A Harristen & Sou	24. Was disease or injury in any way related to occupation of deceased? 7	0
(Address) Union Bridge ma	If so, specify	
20. FILEO Dec. 7, 1937 Cachina. Registrar.	(Signed) Muly Rundy (Address New Mindsn)	Tur. P.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Example I

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HI WALLY S.	li l		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE C	OF MARY	I AND-CE	RTIFICATE	OF	DEATH	13861
---------	---------	----------	-----------	----	-------	-------

1. PLACE OF DEATH	
County Le arroll	Registration Dist. No. 77
	NoNoNoNo
2. FULL NAME Thomas H. Smith	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (co.) WHE I da Smith	22. I HEREBY CERTIFY, That I attended deceased from Dec. 8. 19.7, to Dec. 22. 19.37.
6. DATE OF BIRTH (month, day, and year) June 6, 1871	I last saw h. 407. allve on Dec. 22, 1937; daath is said
7. AGE Years 66 6 Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacasad last worked at this occupation (month and Nuc. 193) spant in this year)	Coronary Humbres 12/11/3 Care Gral Softman 12/14/3, Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 13. NAME	Gumal arturs relinare -
14. BIRTHPLACE (city or town) (State or country) Musbernaum	Name of operation Date of What test confirmed diagnosis Class Confirmed Was there an au'opsyl Date of Was there are a way opsyl Date of Was the W
15. MAIDEN NAME Margaret Walter 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs Ida Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVALLES CAN Data 12-26, 1937	Manner of injury
19. UNDERTAKER & CCOV Winks Sow (Addisss) Manchester And 20. FILED DEC. 24, 1937 John S. Hughes. Ju	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signad) Management C. Toutan field. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage VAN 4 1939	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS BY PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA. record. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be nation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	OF DEATH			(4-8)	,
County	Carroll			Registration Dist. No.	5
		inster	12:55	No. 101 E. Matin St.	Ward
				death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of ra				ds. How long In U.S. if of foreign birth?yrsmo	osds.
2. FULL N	AME Matil	da Star	k	If U. S. Veteran, specify WAR	
(a) Reside	ence: No.	101 E.	Main	St., Ward.	
PEDGO	NAL AND CTATICS	(Usual place		If nonresident give city or town and	State
I. SEX	14. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		OR DIVORCE	RIED, WIDOWED, D (write the word)		103 7
female	white	Wi	dow	December 6. (Month) (Day)	(Year)
a. If married, wide HUSBAND of				22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of	Andrew St	ark			1937
DATE OF BIRTH	(month, day, and yaar)	Sept. 7.	1886	I last sew hards elive on horse, 30 4 1937	.; daath is said
	aars Months	Days	If LESS than	to have occurred on the data statad abova, at 83 - C. m.	
5	1 2	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8 Trade proj	fession, or particular	20	i or mai.	Curum 2 Uterus	Data of one at
kind of SAWYE	work dona, as SPINNER, R, BOOKKEEPER, atc	coat ma	ker	6	arrie
9. Industry of	r business in which yas dona, as SILK MILL,				1935
SAW M	ILL, BANK, etc	1			
41110 000	ased last worked et cupetion (month and	spa	ime (years) nt in this		
year) _		000	upation	Other Contributory Causes of Importance:	
2. BIRTHPLACE (metastasis to other organs	
(State or co	ountry) Cana	ıda		(Culmonary Embolia)	
13. NAME	not kno	own		QL	
	CE (city or town)	• • • • • • • • • • • • • •		Name of operation Uaginal Hyplenelius Data of C	14.13
(State	or country)			What test confirmed diagnosis?	uto sy? . Te
	IAME not kno)Wn		23. If deeth wes due to externel causes (VIOLENCE) fill in also the following	:
15. MAIDEN N	1100 1111			Andrea midde as basistant	19
15. MAIDEN N	CE (city or town)	•		Accident, suicide, or homicide? Data of Injury	
15. MAIDEN N 16. BIRTHPLAC		•••••		Where did injury occur?	
(State)	CE (city or town) or country)				e)
7. INFORMANT(Address)	ce (city or town)or country) Harold F. Panama	-Stark-		Where dld injury occur?(Specify city or town, county and Stat	e)
7. INFORMANT(Address) 8. BURIAL, CREMA	CE (city or town)or country) Harold F. Panama ATION, OR REMOVAL	Stark.		Where did injury occur?	e) ACE.
7. INFORMANT(Address) 8. BURIAL, CREMA	CE (city or town) or country) Harold F. Panama ATION, OR REMOVAL	Stark.		Where did injury occur?	e) ACE.
16. BIRTHPLAC (State of State	CE (city or town) or country) Harold F. Panama ATION, OR REMOVAL estminster	Stark.	. 9, ,19 37	Where did injury occur?	e) AGE.
7. INFORMANT(Address) 8. BURIAL, CREMA	CE (city or town) or country) Harold F. Panama ATION, OR REMOVAL estminster J. Fran	Stark Date Dec	. 9, ,19 37	Where did injury occur?	e) AGE.
7. INFORMANT	CE (city or town) or country) Harold F. Panama ATION, OR REMOVAL estminster	Stark Date Dec	. 9, ,19 37	Where did injury occur?	e) ACE.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis , IAN 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

This patient was aprinted a	in	Sains	Josephis	Hospital
Ballo med for curinama	2	uturuh		1
	0	U		
		•		

FOR BINDING

MARGIN RESERVED

state

1. PLACE OF DEATH

	930	130	
	Re	gistration Dist. No	74
rs mos.		re its NAME instead of an birth?yrs	St., Ward street and number) ds.
Baller	Mr U. S. Veteran, specification of the Ward.		
ARS	MEDICAL CERTI	nonresident give city or	
	21. DATE OF DEATH	,	
WIDOWED,	(Mon	(C. 32)	193(Year)
4	22. HEREBY CE	RTIFY, That I	attended deceased from
in	i last saw b structive on	uc 29	, 19.3.7; death is said
If LESS than lay,hrs, min.	to heve occurred on the date steted above The PRINCIPAL CAUSE OF DEATH and owere as follows:	, at 700 m	
'n	deute emples	lad ga	12/20
ears) his			
	Other Contributory Causes of importance:	* d	<i>1</i>
spa	arteris	relevor	~ 10 year
	Name of operation	4	Date of
	23. If death was due to external causes (VI	OLENCE) fill in also the	following:
	Accident, suicide, or homicide?	Date of injur	ry, 19
14	Where did injury occur?(Sp Specify whether injury occurred in INDUS	ecify city or town, count STRY, in HOME, or in P	y and State) UBLIC PLACE,
J. 1938	Menner of injury		
ž.	24. Was disease or injury in any way relat	ed to occupation of dec	eased?
	If so, specify		

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 day, or____min.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

tion

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1)	Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STANGAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS BY PHYS	SICIAN
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V. S. No. 1

-		LINE	MLY, M	VITI	I O	NEAD.	SU	- AN	H	T A CI C	2 7 2	LANGEN	がおい	WITE PLANTY, WITH UNFADING INA-THIS IS A PERMANENT RECORD, Every Item of Infor-	Item or	Infor-
Tat	on she	d bluc	e caref	ully	dns	plied.	AGE	shoul	d be	stated	EX	ACTL	Y. PH	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	should	state
7	SE O	F DE	ATH in	pla	in tel	rms, s	o that	it ma	y be	properly	cla	ssified.	Exact	SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of occ	UPA.
LIO.	v si N	ery im	nportan	it.	See in	nstruc	tions	on bac	k of	FION is very important. See instructions on back of certificate.	e.				1	
			The state of the s	-		-			-							
19	18	17	MOTHER FATHER STOCCUPATION	ER	FATH	ER	+7	OCCUP/	ATIO	7.	6.	5a 6. 7.	3.			1
).				-		-			I	1	1			2		L

1	. PLACE O	9,000,000	ATE C	F MAR		CERTIFICATE OF DEATH 12 Proulosis Sanatorium	2864
		Carrol	1 22 12		Colore	ed Branch 32 Registration Dist. No. 7	Λ
1	•			. Marvl	and	" (charra)	Word
	Village of C	rith Trof	HT A OOT	r, Mary	(If	death occurred in a horpital or institution, give its NAME instead of street and no	amber)
	Langth of ras	sidence In city o	r town whera	death occurrad	yrsU_mos	. 21 ds. How long in U.S. if of foreign birth?yrsmos	ds.
2				drew Th		If U. S. Veteran, specify WAR None	
	(a) Resider	nce: No	Indian	head, Ch	as.Co.,Mc	St., Ward. If nonresident give city or town and S	
-				(Usual place		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	Mate
3, 5		4. COLOR O			RIED, WIDOWED.	21. DATE OF DEATH	
	Male	Color			D (write the word)	December 29, (Month) (Day)	193.77 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	wed, or divorcad				22. HEREBY CERTIFY, That I attended d December 8, 1937, to December 2	eceased from
6.1	ATE OF RIRTH	(month day an	nd vaar) All	gust 27	. 1908	Hast saw h im aliva on December 29, 1937	
7. /		ars ars	Months	Days	If LESS than	to have occurred on the data stated above, at 10:35, P.M.	
	6	29	4	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
OCCUPATION	8. Trade, profe kind of SAWYER	ession, or partic work dona, as S R, BOOKKEEPER	ular SPINNER,	Labor		Miliary tuberculosis	Oete of enset
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. Unknown					. 1	Jan
2	SAW MI				ima (yaars)		1936
ŏ	this occu	upation (month	Unkno	spa	nt In this Unkno	777	
			0			Other Contributory Causes of Importance:	
t2.	BIRTHPLACE (c (State or cou		Marvl	roads			
N.	13. NAME 1	Phomas	Thoma				
FATHER	14. BIRTHPLAC					Neme of operation	
FA		r country)	Mary	land		What test confirmed diagnosis? Was there an at	Opsy? No
ER	15. MAIDEN NA	AME Alci	ind Po	sey	医门宫 医侧凹	23. If death was due to axternel ceuses (VIOLENCE) fill In elso the following:	
MOTHER	16. BIRTHPLAC	E (city or town)	Cros	sroads		Accident, suicide, or homicide? Date of injury	, 19
Σ	(Stata o	r country)	Mary	land		Where did injury occur?	·
17.				an, M.D aryland	•	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLA ———	CE.
18.	BURIAL, CREMA			L. Data	2/3/ ,1937	Menner of Injury	
19.	UNDERTAKER (Address)	Jan 63 F	ull	W. Ch	ase Y Sa	24. Wes disease or Injury In any way related to occupation of decaased?	0
20.	FILED 12/	/29/37	alle	tRS	Cal Registrar.	(Signed) Leeken Affman (Address) Henryton, Maryland.	М. В
4			2/0	pao, 10	OCC AL TOPONOMI		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	W. W.
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

	350	. PH	Exact	
K BINDING	A PERMANENT	ted EXACTLY	perly classified.	ificate.
F	SIS	sta	pro	cert
立	H	be	be	of
MARGIN RESERVED FOR BINDING	-WRITE PLANKY, WATH UNFADING INK-THIS IS A PERMANENT CO	nation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	IION is very important. See instructions on back of certificate.
	RITE PI	nous uoi	JSE OF	N is ver
P4	W.	mati	CAL	LIO

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch 23 County Carroll Registration Dist. No. Village or City Henryton. (above) Length of residence in city or town where death occurred. 2. FULL NAME Garnell Thompson If U. S. Veteran, specify WAR -- None (a) Residence: No. 2532 Druid Hill Ave. Baltimor ward Md. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) December Female Colored Married 5a, if married, widowed, or divorcad HUSBAND of (or) WIFE of I HEREBY CERTIFY. That I attended deceased from Thomas Boyman 1937 to December 5 June 8 December 29 6. DATE OF BIRTH (month, day, end yeer) Oct .. to heve occurred on the date stated above at 3.00 A. 7. AGE Years Months Devs If LESS than f dayhrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance 6 24 or____min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Tuberculosis OCCUPATION Domestic 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... Feb. Unknown ff. Total tima (years)
spant in this
occupation Unknow. fO. Date dacaasad last worked et e dacaasad last worned this occupation (month and Inknown Baltimore 12. BfRTHPLACE (city or town) Marvland (State or country) Isiah Thompson FATHER 13. NAME Howard County f4. BIRTHPLACE (city or town). Nama of operation ... Maryland (State or country) What test confirmed diagnosis? MOTHER Daisy White f5. MAIDEN NAME 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Baltimore Accident, suicide, or homicide?____ f6. BIRTHPLACE (city or lown) _ (Stale or country) (Specify city or town, county and State) ORMANT Reuben Hoffman, M. D. (Address) Henryton, Maryland Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased? NO 19. UNDERTAKER If so, specify __ (Signad) (Address) Henryto Registrar. Deputy Local

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		180	
Other contributory causes of importance:	1000	Other contributory causes of importance:	37
Gallstones	May 1,1923	Gastroenteritis 13 1022	1 year
			-/-
		and the second	1/

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
WINDITION	STAUL	LOW	LOKIHER	SIMILMIN	DI	THISIOIMA

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH	2 1			

7	1)	G	13	0
J	4	0	U	6

1. PLACE OF DEATH	(99)	
County Carrolls -	2-P Registration Dist.	No. 74
Village or City Ly kesnyl	le No.	Ct War
Length of residence in city or town whara death occurred	(If death occurred in a hospital or institution, give its NAME insta rs.g. b. mos. 23 ds. How long in U.S. If of foreign birth?	ead of street and number)
2. FULL NAME Samuel	www.ffor If U. S. Veteran, specify WAR	
(a) Residence: No. Juni place of ab	Alle St., Ward.	city or town and State
PERSONAL AND STATISTICAL PARTICU	ARS MEDICAL CERTIFICATE OF	DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED & White	ire the words	(Day) (Year)
a. Il/married, widowed, or divorced HUSBAND of (or) WIFE of	1	(Day) (Year) Thet I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw Man elive on Man	, 19 3/; death is sa
. AGE Years Months Days	If LESS than to have occurred on the dete stated above, at 1-2-7	.m.
	ey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	importenca Data of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date 01 0119
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	all all f	7,7
10. Date decaased last worked at this occupetion (month end spent in	ears) and	nous 1/9
2. BIRTHPLACE (city or town) Managornes	Other Contributory Causes of Importance:	
13. NAME Trace house, 14. BIRTHPLACE (city or town) Massaring Car	m Hypusliman	- Y
14 BIDTUDIAGE (The second of the second of t	Name of a section	
14. BIRTHPLACE (city or town)	Name of operation	
15. MAIDEN NAME Englys Thom	4 23. If death was due to external ceuses (VIOL ENCE) fill in e	
15. MAIDEN NAME Englyn Thom 16. BIRTHPLACE (city or town) Jay A	Accident, suicide, or homicide?	
(Stete or country)	Where did Injury occur?	// mjury, 19
7. INFORMANT Suspendal Record	(Specify city or lowe Spacify whether injury occurred in INDUSTRY, in HOME, of	, county and State) or In PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVE MA. Data Doc 2	7, 19 37. Manner of Injury	
9. UNDERTAKER 21. 21. Chambers Co. (Address) 918 Clercland and River de	24. Was disaese or injury in any way related to occupation If so, specify	
0, FILED DIC. 20, 19.37 CHarry W	eer (Signad) My Mass	M.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(59) My
County Countle	Registration Dist. No. 72
	NoSt.,Ward
Length of residance in city or town where death occurredyrsm	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Ould Tolong In	Ah. If U. S. Veteran, specify WAR.
(a) Residence: No. Survey (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAYORCED (write the word)	21. DATE OF DEATH Lee 22, 193.7 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
N. 92 1937	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Nov 9	to have occurred on the date stated above, at
1 day,hr	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Mal Mutantion
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Stew Bury Fruit
10. Date daceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	after Delite
12. BIRTHPLACE (city or town) Alexand Hospitals (State or country)	Gramary causes of the malnutation: Beingy cause of the malnutation:
13. NAME Delphice 6, Trish	
13. NAME Lelshice 6, prish 14. BIRTHPLACE (city or town) Maryland	Name of operation Data of What test confirmed diegnosis? Was there an autopsy?
# 15. MAIDEN NAME Com On Colobersmit	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Core OH, Coppersmit. 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Delphino & Just (Address) Destinuing M. R. 8+3.	Where did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Letter actualler Memorial antique 17/27/3/49	Mannar of Injury
19. UNDERTAKER and Tinky Some	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED 12/24/3/, 19 Value Banser Registrat.	(Signed) Ohr Jahrel M. I. (Address) Alexanders had

If more blanks are needed, address State Registrar, 2411 N. Charle-Street, Baltimore, Requesting V. S. No. 1.

Stated EXACTLY, PHYSICIAMS successified. Exact statement of OCCUPA. RECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may nation should be carefully supplied. WRITE PLAINLY,

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN " S. J			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11 141 711

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:0
County Carroll	Registration Dist. No. 74.
Village or City Sy Recoulle	(If death occurred in a horpy(a) of institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsm	os. 25 ds. How long in 0. S. if of foreign birth?yrsmosds
2. FULL NAME Elizabeth 11/aut	energher of
(a) Residence: No. 6 0 10 Year Oak (Usual place of abode)	Och Ward. Vallenate Md
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Control of the control of	21. DATE OF DEATH December (Bay) (Year)
HUSBAND of rederects Warkingther (or) WIFE of rederects	22. 4 I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mukus wa	I last saw h lk aliva on A see sufe 18, 19 3 7; death Is said
The Second Years Months Days If LESS than 1 day,	THE RESIDENCE OF DEATH and related causes of importance
Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occuration (month and	
fO. Date deceased last worked et this occupation (month and spant in this occupation coupation	
2. BIRTHPLACE (city or town) Gukere	Dthar Contributory Causes of Importanca:
	- where salvelar lake
14. BIRTHPLACE (city or town) Glubaro	Name of operation Date of Date
(State of Country) Settletaly	What tast confirmed diagnosis? Was there an au'opsy?
f5. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Grandstand	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicida, or homicide?
7. INFORMANT Janfoelal Records	(Specify city or lown, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BUBIAL GREMATION, OR REMOVAL MVP1 and Date Date 21, 193	Manner of injury
19. UNDERTAKER John S. Connelly Chadrass) Castern Cere, Epsey med.	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED Dec. 18, 1937 CHarry Week Registrat.	(Signed) Aug M. Cee M. [(Address) Meanin M.

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Chronic interstitial nephritis	1921	Run over by street co	ar	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			RECEIVED	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributor Gastroenteritis	y causes of importance: DEC 23 1937	1 year
			BUREAU V.B.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

1. PLACE OF DEATH		942	1400.
County Ca	noll	Registration Dist. No.	6
Village or City	0,1	NoSt (If death occurred in a horpital or institution, give its NAME instead of street	
Length of residence in city or town	where death occurred P.S. yrs.	mosds. How long In U.S. If of foreign birth?yrs	mosd
2. FULL NAME	the Elizabeth 11th	celes If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or tow	5
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR QR RA			
Temale White	OR DIVORCED (write the word)	Alexander (Month) (Day)	, 193.7 (Yaar)
5a. If marriad, widowad, or divorcad HUSBANO of (or) WIFE of	+mlulas	22. HEREBY CERTIFY, Thet atte	
1 May	M france	Hast say has alive on seems 1 2	19.3.7
6. DATE OF BtRTH (month, day, and year 7. AGE Years Mor	7		; death is sal
7. AGE 16815	1 day,	ITS. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	0 28 ormin.	ware as follows:	Oate of onse
8. Trede, profession, or perticular kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc	er, athome		211 19
kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc			2.4
SAW MILL, BANK, etc			
this occupation (month end	11. Total tima (yaars) spent in this occupation		
		Other Coutributory Causes of Importance:	OTTO
12. BIRTHPLACE (city or town)	Marchaul	Commission of the contract of	Deans
13. NAME Ook	u Shipley		143
13. NAME 14. BIRTHPLACE (city of town)		Nama of operation Oat	e of
(State of Country)	Maryland	What test confirmed diegnosis? Cleures Was the	re en autopsy?
15. MAIDEN NAME Eliza 16. BIRTHPLACE (city or town)	bith Brothing)	23. If death was due to axterpt causes (VIOL ENCE) fill in also the fol	lowing:
16. BIRTHPLACE (city or town)	Q. A.	Accident, sulcide, or homicide? Oete of injury	, 19
(State or country)	Marylaged	Where did injury occur?	J \$2.2.
17. INFORMANT Sulumber (Address)	s G. Slipley	Specify whether Injury occurred in IJOUSTRY, In HOME, or in PUBL	
18. BURIAL, CREMATION, OR REMOVAL	+ 0	Manner of injury	
Place ///struius	US Oata Wee A 1913		
19. UNOERTAKER	amis Ruse	24. Wes diseese or Injury In any wey related to occupation of dacease	d? 240
12/4 37	Tilles	(Signed) Charleman	м
20. FILEO, 19-6-6	Registrar		Dead.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example 1	li li	Example II		
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Arteriosclerosis	ENGIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1938	July 5,1927	Peritonitis	3 days ago	
	BUNEAU V. S.				
Other contributory can	the second secon		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLA	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	930
County Coursell.	Registration Dist. No. 8 3
Village or Gity Man Lacked Mr.	od. No. St., Ward
Langth of residence in city or town where death occurred 56 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsdsds
2. FULL NAME Charles & Hill	
(a) Residence: No. P. D. Sylasville.	Md. St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED Corner to Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) amil 27 18	780 I last saw h alive on 19 ; death is sail
7. AGE Yaars Months Days If L	ESS than to have occurred on the date stated abova, an 3 1 m.
57 7 10 1 day,	hrs. Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done as SPINNER	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9_Industry or business in which	Malural Causes
kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc. Jundustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	(Heast-)
10. Date deceased last worked at this occupation (month and year) 11. Total time (years spent in this year) 11. Total time (years spent in this occupation	35
12. BIRTHPLACE (city or town) Canall Co	Other Contributory Causes of Importance:
(State or country) ~ M	d
13. NAME Stilliam Still. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Frederick Herry 16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT M. Caul Well (Address) P 19 West mur of u.	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaMersial Suthera Certiporte Dec. 10	Nature of injury
19. UNDERTAKER Co.M. Haltz. (Addrass) Nan July & Mu	24. Was disaase or injury in any way ralated to occupation of deceased?
20. FILED DIC 1937 Elya M. He	well (Signed) Aua M. Hewest oppos

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
- F	of death and related rauses as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 0 1930	July 5,1927	Peritonitis	3 days ago	
	BI MI AU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		السسا			

n I A	ADDITIONAL SPACE FO	R FURTHER STATEM	ENTS BY PHYSICI	AND
= Body	DULLUS OF	4 acling	bronely o	Guerman
	questos a	humale	t, Md.	Jeened,
		7		
	V			

3

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2871
1. PLACE OF DEATH	92-50	
County Barrell	Registration Dist. No. 20	7
Village or City Keyman	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	ds. How long in U.S. if of foreign birth?mos	
ΔM_{\star} . M_{\star} . M_{\star} . M_{\star} . M_{\star} . M_{\star} . M_{\star} .		
2. FULL NAME / VOICE, Sakalu L. VVILS	If U. S. Veteran, specify WAR	
(a) Residence: No. Reyman (Ustal place of abode)	St., Ward. If nonresident give city or town and S	
4	MEDICAL CERTIFICATE OF DEATH	Nate
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
58. If married, widowed or divarced	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(1421)
(or) Hilled J. Calm Wilson	1 HEREBY CERTIFY, That i attended do	eceased from
6. DATE OF BIRTH (month, dey, end year) whe //, 1860	i last saw her alive on Nec 1 1963?	death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:30 m.	
77 5 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome Naturalar Dienes	3
9. Industry or business in which work was done, as SILK MILL,	of break,	,
SAW MILL, BANK, etc	mittal vegreratation	
	4	
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLAGE (city or town)		
(State or country)	Cerebral embalism	nov. 2
13. NAME amuel Trakam		1937
13. NAME O amuel Trakam	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	itanev?
E 15. MAIDEN NAME / ONU TIMES	23. If death was due to externel causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME // OVY TILLS 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Oate of Injury	
16. BIRTHPLACE (city or town).	Where did injury occur?	, 19
Al Karradaa V Alakaa	(Specify city or town, county and State)
17, INFORMANTOO	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) 19 BURIAN CREMATION, OR REMOVAL		
The state of the s	Manner of Injury	
M Pilco JIM WYWW Oate Cate 4 , 1957	Nature of Injury	
19. UNDERTAKER UN TUSSTOON	24. Was disease or injury in any way related to occupation of deceased?	· U
(Address) and though	If so, specify	
20. FILED Sed. 3, 1937 Bus 11 has I. Delle	(Signey) Illaud Villey	M. 0.

(Address) _____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THEFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 уеат

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MADVI	AND-	CEPTIE	ICA	TE	OF	DEATH	4
SIAIL	UF	WARYL	AIVU	CERIIF	ICA		UL	DEALL	1

1.	PLACE OF DEATH	_		<u> </u>	
	County Curroll.			Registration Dist. No.)
7	Village or City News Him	don		No. St.	Ward
				death occurred in a hospital or institution, give its NAME instead of street and as	umber)
4-4	Length of residence in city or town where dee	eth occurredy	rsmos.	ds. How long in U. S. if of foreign birth?yrsmo	sds.
2.	FULL NAME Sat	y Til	2		
	(a) Residence: No. * New !	Wand of abo	de)	A.St., Ward. If nonresident give city or town and S	State
Constant of the Constant of th	PERSONAL AND STATISTIC	AL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	M 4. COLOR OR RACE 5	S. SINGLE, MARRIED, OR DIVORCED Gun	the word)	21. DATE OF DEATH	193_7
5a. II	merried, widowed, or divorced	7		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended of	leceesed from
6. D/	ATE OF BIRTH (month, dey, end yeer)	ee 3, 19	457	I last sew h alive on	; death is seid
7. AC		- 1.	If LESS than	to have occurred on the dete stated ebove, at	
	0 0		ey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:	D. 4 5 4
z	8. Trade, profession, or particular				Date of enset
2	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			Millhorn	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL.				
3	SAW MILL, BANK, etc.	1			
8	IO. Dete deceased lest worked et this occupation (month end	11. Total time (y spent in t	his		
	year)	occupetion	n	Other Contributory Causes of importence:	- 1
12. B	STRTHPLACE (city or town) (Asso)	ll Co			
-	(Stete or country)		md.		
FATHER	13. NAME Trances	File	1		
₽ I	14. BIRTHPLACE (city or town) Crew	Sel emys		Neme of operation Dete of	
- 1	(State or country)	2 7	nd.	Whet test confirmed diegnosis? Was there en er	utopsy?
MOTHER	15. MAIDEN NAME Jeanel	te Gat	ow	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:	
0	16. BIRTHPLACE (city of town)	artisty)	Accident, suicide, or homicido? Date of Injury	, 19
Σ	(Stete or country)	Cenn	a.	Where did injury occur?	
17. 11	NFORMANT M. France	Dele -	med	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
f8. B	URIAL, CREMATION, OR REMOVAL	- JV A CASIL	, , , ,	Menner of Injury	
	Place It fames Centy	Dete Dec	4.,1957	Nature of injury	
10 11	NDERTAKER 6 M	Walk.		24. Wes diseese or injury Ip any way releted to occupation of deceesed?	220
15. 0	(Address)	- Luld	Md	If so, specify	
	Dec. 4 27 800	9 9 30	redict	(Signed) X 16, ANIX	M. D.
20. F	ILEU, 1952.4		Registrar.	(Address) Zew Windson Tu	1.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUMEAU	V. S. 1.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN